

The Road to Recovery 2016

May Show

Criminal Justice System Involvement: The Role of Mental or Substance Use Disorders

December 11, 2015

Discussion Guide

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show as well as references from scientific studies from the field.

Show Description. Many individuals who come in contact with the criminal or juvenile justice system have a mental or substance use disorder.¹ According to data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS), the criminal justice system is the major source of referrals to substance use treatment, so that people on probation or parole make up a significant number of treatment admissions. A similar picture emerges for juvenile justice, according to SAMHSA's adolescent substance abuse treatment grant programs.² This show will focus on the involvement of adults and young people with mental or substance use disorders in the criminal justice system and the unique treatment and support services needed to help them achieve the ingredients for lifelong recovery—health, home, purpose, and community. The episode will highlight efforts and resources for people with behavioral health conditions who are involved in the criminal justice system (including the SAMHSA GAINS Center for Behavioral Health and Justice Transformation, the use of mental health courts, and peer services during incarceration and at re-entry). Emerging issues in behavioral health and the criminal justice system, such as trauma and the need for trauma-informed care, will be covered.

Striking racial and ethnic disparities in U.S. incarceration rates are evident in every region of the country: According to national data from the U.S. Census, Blacks are incarcerated five times more than Whites are, and Hispanics/Latinos are nearly twice as likely to be incarcerated as

¹ Substance Abuse and Mental Health Services Administration. (2015, June 15). Criminal and juvenile justice. From <http://www.samhsa.gov/criminal-juvenile-justice> (accessed April 12, 2016).

² Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2011, March 3). *The TEDS report: Characteristics of probation and parole admissions aged 18 or older*. Rockville, MD. From <http://archive.samhsa.gov/data/2k10/231Parole2k11Web/231Parole2k11.htm> (accessed April 12, 2016).

Whites.³ Recognizing that lack of opportunity contributes to racial and ethnic disparities, President Obama launched the My Brother’s Keeper initiative in February 2014. This initiative involves a wide range of partners—including cities and towns, businesses, and foundations—that are taking important steps to connect boys and young men of color to mentoring, support networks, and the skills they need to find a good job or go to college.⁴ Panelists will discuss racial and ethnic disparities in criminal justice system involvement and efforts and resources to address them. Panelists will also examine alternatives to incarceration and the role of drug and mental health courts—which emphasize community-based treatment and rehabilitation in lieu of prosecution or incarceration—and racial and ethnic disparities in these settings and suggestions for addressing them.

Upon release from incarceration, individuals with behavioral health conditions face many barriers to successful re-entry into the community. They may lack health care, job skills, education, and stable housing—such gaps may jeopardize their recovery and increase their probability of relapse and rearrest. Panelists will discuss the role of family in recovery of these individuals, as well as the supports needed for families of justice-involved individuals with mental or substance use disorders. Discussion will focus on re-entry into the community, and panelists will examine efforts and resources to provide treatment and recovery support to individuals who are released from incarceration (e.g., help with accessing benefits, including health care through the Affordable Care Act; linkage to treatment providers and peer-support groups; job placement, training, and education; and stable housing).

³ Sakala, L. (2014, May 28). Breaking down mass incarceration in the 2010 census: State-by-state incarceration rates by race/ethnicity. Prison Policy Initiative. From <http://www.prisonpolicy.org/reports/rates.html> (accessed April 12, 2016).

⁴ The White House (President Barack Obama). (2014, February 27). My Brother’s Keeper. From <https://www.whitehouse.gov/my-brothers-keeper#> (accessed April 12, 2016).

Panel 1: Criminal Justice System Involvement Among People With Mental or Substance Use Disorders: Addressing Disparities and Trauma

Key Questions

- 1. Why is it important to address mental or substance use disorders in the criminal justice system?**
- 2. What is the prevalence of mental or substance use disorders among people involved in the criminal justice system?**
- 3. What is the prevalence of behavioral health problems among young people involved in the juvenile justice system?**
- 4. What is the impact of criminal justice involvement on the families—particularly the children—of these individuals? What is the impact on society?**
- 5. How do ethnic, racial, gender, and sexual orientation disparities affect how the criminal justice system deals with behavioral health problems?**
- 6. Are there racial and ethnic disparities related to the criminal justice system? If so, how are drug courts managing ethnic and cultural differences?**
- 7. Are there specific efforts to reduce behavioral health disparities in the criminal justice system? What is the My Brother’s Keeper initiative?**
- 8. Why is it essential to address trauma among people with mental or substance use disorders in the criminal justice system?**
- 9. How does the criminal justice system address trauma? What is “re-traumatization”, and why is it an issue in the criminal justice system?**

Importance of Addressing Mental or Substance Use Disorders in the Criminal Justice System

Source: SAMHSA. (2011, April 5). Behavioral health and justice involved populations [slides]. Presentation by Administrator Hyde, National Leadership Forum on Behavioral Health/Criminal Justice Services, April 5, 2011. From <http://store.samhsa.gov/product/Behavioral-Health-and-Justice-Involved-Populations/SMA11-PHYDE040511> (accessed April 12, 2016).

- [This presentation] discusses the impact of behavioral health on the American population as well as the criminal justice system. [It] examines the changes that are taking place in the field, the impact of health reform, and the challenges related to trauma and justice.

Source: SAMHSA. (2012, May). Promoting recovery and resilience for children and youth involved in juvenile justice and child welfare systems. From <http://store.samhsa.gov/product/Promoting-Recovery-and-Resilience-for-Children-and-Youth-Involved-in-Juvenile-Justice-and-Child-Welfare-Systems/SMA12-4697> (accessed April 12, 2016).

- Children and youth involved in the juvenile justice or child welfare system are at particular risk of having experienced traumatic events. However, SAMHSA’s Children’s Mental Health Initiative (CMHI) and National Child Traumatic Stress Initiative (NCTSI) have shown that with the appropriate care, these children and youth demonstrate
 - Reduced behavioral and emotional problems
 - Increased behavioral and emotional skills
 - Reduced trauma symptoms
 - Reduced substance use problems

- Improved functioning in school and in the community
- Improved ability to build relationships

Source: SAMHSA. (2012). Behavioral health and criminal justice: Challenges and opportunities [slides]. Presentation by Administrator Hyde, American Correctional Association, July 21, 2012. From <http://store.samhsa.gov/product/Behavioral-Health-and-Criminal-Justice-Challenges-and-Opportunities/SMA12-PHYDE072112> (accessed April 12, 2016).

- [This presentation] describes a public health model for behavioral health that focuses on people and communities, considers current budget constraints, and explores opportunities resulting from health reform. [It] considers State benchmark plans and essential health benefits.

Source: Osher, F., D'Amora, D. A., Plotkin, M., Jarrett, N., & Eggleston, A. (2012). Adults with behavioral health needs under correctional supervision: A shared framework for reducing recidivism and promoting recovery. Council of State Governments Justice Center Criminal Justice/Mental Health Consensus Project. From <https://csgjusticecenter.org/mental-health/publications/behavioral-health-framework/> (accessed April 12, 2016).

- The large numbers of adults with behavioral health disorders (mental illnesses, substance use disorders, or both) who are arrested and convicted of criminal offenses pose a special challenge for correctional and health administrators responsible for their confinement, rehabilitation, treatment, and supervision. As corrections populations have grown, the requirements for correctional facilities to provide health care to these inmates has stretched the limits of their budgets and available program personnel. They often lack the resources to provide the kinds of services many of these individuals need for recovery and to avoid reincarceration.
- Addressing the needs of individuals on probation or returning from prisons and jails to the community also raises difficult issues for the behavioral health administrators and service providers who have come to be relied on for treatment. Individuals with behavioral health issues who have criminal histories often have complex problems, some of which are difficult to address in traditional treatment settings.
- People with mental illnesses, substance use disorders, or both, often take varied pathways into the criminal justice system. Once involved, however, they tend to get caught up in a whirlpool fueled by relapse and an inability to comply with the requirements of their incarceration, supervision, and release. Their conditions tend to deteriorate, and they often get ensnared in the system again and again because they lack effective integrated treatment and supervision.
- The costs to states, counties, and communities in excessive expenditures of scarce resources that have a limited effect on public safety, recidivism, and recovery are unacceptable. The impact on individuals and their families can be devastating.
- Research suggests that these outcomes can be improved through the accurate screening and assessment of individuals' risk to public safety and their clinical needs, and then matching these results to appropriate accountability and treatment measures. Criminal justice professionals and behavioral healthcare providers in many jurisdictions are already collaborating in various ways to address the complex needs of individuals that

cannot be adequately resolved by one system alone. When appropriate, jail diversion programs and preventive measures can stem the flow of individuals into the system.

Adults With Mental or Substance Use Disorders Involved in the Criminal Justice System

Source: SAMHSA. Criminal and Juvenile Justice. From <http://www.samhsa.gov/criminal-juvenile-justice> (accessed April 12, 2016).

- The referral and treatment of people with mental or substance use disorders and co-occurring disorders in the criminal justice system is a significant problem in the United States. A glimpse of prevalence data from 2013 shows that:
 - The prevalence of serious mental illnesses among jail inmates was 17 percent. For comparison, the adult population of the United States had a past-year rate of serious mental illness of approximately 4 percent.
 - The prevalence of substance use disorders among jail inmates is 68 percent. For comparison, the adult population of the United States had a past-year rate of substance abuse or dependence of approximately 9 percent.
 - The prevalence of co-occurring substance use disorders among persons with serious mental illnesses under correctional supervision ranges from 72 percent for jail inmates to 49 percent for probationers and parolees.

Source: Glaze, L. E., & Kaeble, D. (2014, December 19). Correctional populations in the United States, 2013. Bureau of Justice Statistics. (NCJ 248479). From <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5177> (accessed April 12, 2016).

- [The report]presents statistics on offenders supervised by adult correctional systems in the United States at yearend 2013, including offenders supervised in the community on probation or parole and those incarcerated in prison or local jail. An estimated 6,899,000 persons were under the supervision of adult correctional systems at yearend 2013.
- At yearend 2013, approximately 1 in every 35 (2.8%) adults in the United States was under some form of correctional supervision. About 1 in 51 adults was on probation or parole at yearend 2013, compared to 1 in 110 adults incarcerated in prison or local jails.
- At yearend 2013 (18%), females represented a slightly larger share of the total correctional population than in 2000 (17%). Female jail, prison, and probation populations grew at a faster rate than the male populations between 2000 and 2010.

Source: Golinelli, D., & Minton, T. D. (2014, May 8). Jail inmates at midyear 2013—Statistical tables (revised). Bureau of Justice Statistics. From <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4988> (accessed April 12, 2016).

- Males represented at least 86% of the jail population since 2000.
- The female inmate population increased 10.9% between midyear 2010 and 2013. During the same timeframe, the male inmate population declined 4.2%.

Source: SAMHSA. (2011, March 3). Characteristics of probation and parole admissions aged 18 or older. *The TEDS Report*. From

<http://archive.samhsa.gov/data/2k10/231Parole2k11Web/231Parole2k11.htm> (accessed April 12, 2016).

- According to data from 2008 SAMHSA's Treatment Episode Data Set (TEDS), the criminal justice system was the largest source of referrals to substance use treatment, with probation / parole treatment admissions representing the largest proportion of these criminal justice system referrals.
- The most common substances of abuse reported by probation or parole admissions were alcohol (30.6 percent), marijuana (26.4 percent), and methamphetamines (15.6 percent); more than one half reported more than one substance of abuse at admission (59.2 percent).
- The majority of probation or parole admissions were male (76.6 percent), had never married (63.1 percent), were between the ages of 18 and 44 (81.3 percent), and were non-Hispanic White (52.3 percent).
- Over one third of the probation and parole admissions had less than a high school education (39.6); the majority of these admissions were unemployed (36.8 percent) or not in the labor force (26.2 percent).
- The majority of probation or parole admissions had been in treatment at least once before (57.5 percent); 18.4 percent reported three or more prior treatment episodes.

Adolescents With Behavioral Health Problems Involved in the Juvenile Justice System

Source: Washburn, J. J., Teplin, L. A., Voss, L. S., Simon, C. D., Abram, K. M., McClelland, G. M., et al. (2015, September). Detained youth processed in juvenile and adult court: Psychiatric disorders and mental health needs. *OJJDP Juvenile Justice Bulletin*, Beyond Detention Series. (NCJ 248283).

- [Psychiatric disorders are highly prevalent among arrested and detained youth processed in adult (66%) or juvenile court (68%).]
- [Substance use disorders are highly prevalent among youth processed in adult (55%) and juvenile court (51%).]
- [Two or more co-occurring disorders are also prevalent among youth processed in adult (43%) and juvenile court (43%).]

Source: Hockenberry, S., & Puzzanchera, C. (2015). *Juvenile court statistics 2013*. Pittsburgh, PA: National Center for Juvenile Justice. From <http://www.ncj.org/Publication/Juvenile-Court-Statistics-2013.aspx> (accessed April 12, 2016).

- In 2013, courts with juvenile jurisdiction handled an estimated 1,058,500 delinquency cases.
- In 1960, approximately 1,100 delinquency cases were processed daily. In 2013, juvenile courts handled about 2,900 delinquency cases per day. Between 1960 and 2013, juvenile court delinquency caseloads more than doubled (161%).
- Males were involved in 72% (764,800) of the delinquency cases handled by juvenile courts in 2013.

- Most of the growth in the male and female delinquency caseloads took place between 1985 and 1997.
- During that time, the growth in the female caseload outpaced the growth in the male caseload (99% vs. 53%).
- Most of the growth in the male and female drug offense caseloads occurred in the 1990s. During this period, the female drug offense caseload grew at an average rate of 16% per year while the male caseload increased at an average rate of 12% per year.

Impact of Criminal Justice Involvement on the Families of These Individuals

Source: Center for Health and Justice at TASC. (2015). 1 in 14 U.S. children has had a parent in prison or jail. *Facts On Youth*, Issue 4. From http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/FOY%2011-15_Issue4.pdf (accessed April 12, 2016).

- More than 5 million U.S. children--nearly 7%, or 1 in 14--have ever had a parent they live with go to jail or prison, according to a new report published by Child Trends.
- Using data from the 2011-12 National Survey of Children's Health, researchers found that children who are African-American and children living in poverty are more likely to have ever had an incarcerated parent, as well as those whose parents have little education and those who live in rural areas.
- The percentage of African-American children who have had an incarcerated parent is almost twice that of white children (11.5% vs. 6.0%), and the percentage of poor children who have had an incarcerated parent is more than 3 times that of their peers whose family incomes are at least twice the poverty level¹ (12.5% vs. 3.9%).
- Researchers also found that parental incarceration was associated with having experienced more stressful life events, emotional difficulties, low school engagement, and problems in school. In addition to suggesting a reduction in imprisonment as a sanction for criminal behavior, the authors recommend policies and programs that would reduce trauma and stigma associated with parental incarceration, improve communications between children and their incarcerated parents, and make visits with incarcerated parents more child-friendly.

Source: Semules, A. (2015, September 15). What incarceration costs American families. *The Atlantic*. From <http://www.theatlantic.com/business/archive/2015/09/the-true-costs-of-mass-incarceration/405412/> (accessed April 12, 2016).

- When a someone goes to prison, nearly 65 percent of families are suddenly unable to pay for basic needs such as food and housing, the report found. About 70 percent of those families are caring for children under the age of 18.
- [Family members] are often responsible for court-related costs associated with the conviction, and many families go into debt to pay those fees, leaving even less for food and shelter.

- When that family member gets out of jail, their loved ones are left with the task of supporting their reentry. This burden is ongoing since people with a criminal record often are unable to find work upon their release.
- Going to prison is an increasingly costly proposition. In 40 states, people facing imprisonment must find the money for things such as attorney fees, court fees, bond and restitution—the total costs of which average about \$13,607. Many defendants choose to pay for private attorneys, but even those who don't must pay application fees for public defenders in 43 states, which can range from \$10 to \$480.
- Fees associated with criminal justice have become a big revenue generator for states, but saddle incarcerated people and their families with significant debt: Now, up to 85 percent of people returning from prison have some sort of criminal-justice debt, up from 25 percent in 1991, according to the report.

Source: The Urban Institute & the National Institute of Corrections. (2015, June 3). Promising and innovative practices for children of incarcerated parents: Arrest through pre-adjudication [webinar]. From <http://www.urban.org/events/promising-and-innovative-practices-children-incarcerated-parents-arrest-through-pre-adjudication> (accessed April 12, 2016).

- Nearly three million children under the age of 18 have a parent in jail or prison, and millions more have experienced their parents being arrested. Due to their parent's criminal justice involvement, a growing body of research indicates that these children often experience trauma, family disruption, and the loss of their primary caregiver, which can lead to financial hardship, residential instability, and an array of emotional and behavioral problems.
- In response, several community-based organizations and government agencies across the country have implemented programs and practices aimed at reducing this trauma and mitigating the potentially harmful outcomes associated with parental criminal justice involvement.

Source: Dallaire, D. H., Zeman, J. L., & Thrash, T. M. (2015). Children's experiences of maternal incarceration-specific risks: Predictions to psychological maladaptation. *Journal of Clinical Child & Adolescent Psychology*, 44(1), 109–122.

- Children of incarcerated mothers are at increased risk for social and emotional difficulties, yet few studies have investigated potential mechanisms of risk within this population.
- This research simultaneously examined the association of children's [age 9, on average] experience of incarceration-specific risk factors (e.g., witness mother's arrest) and environmental risks (e.g., low educational attainment) to children's [mental health problems]. Mothers, children, and caregivers each provided accounts of children's experiences related to maternal incarceration and children's internalizing and externalizing behavior problems.
- Mothers and caregivers each supplied information [for the study].
- [Results indicated that] incarceration-specific experiences place children at higher risk for maladjustment than exposure to general environmental risk factors.

- These findings indicate the need to critically examine children’s exposure to experiences related to maternal incarceration and family incarceration history to help to clarify the multifaceted stressor of maternal incarceration.

Source: Shlafer, R. J., Gerrity, E., Ruhland, E., & Wheeler, M. (2013, June). Children with incarcerated parents—Considering children’s outcomes in the context of complex family experiences. University of Minnesota—Extension. Children, Youth, and Family Consortium. From <http://nicic.gov/library/028030> (accessed April 12, 2016).

- Like other Adverse Childhood Experiences, the incarceration of a parent often results in exposure to other risk factors that can compromise health and development across the life course. Although incarceration is likely not the *cause* of these compromised outcomes, it instead serves as one indicator of other co-occurring risks and vulnerabilities that make these families particularly fragile. Given the potential long-term consequences of parental incarceration for child and adult health, targeted, evidence-informed prevention and intervention efforts are sorely needed.
- Children of incarcerated parents are at increased risk for both internalizing and externalizing behavior problems, cognitive delays and difficulties in school.
- The following questions help us identify and address some of the many factors that influence children’s adjustment when a parent is incarcerated:
 - **What did the child experience?** Parental incarceration might be traumatic for children, particularly in situations where the child has witnessed the parent’s criminal activity (e.g., being present for drug deals), the child was the victim (e.g., physical or sexual abuse), or the child’s other parent was the victim (e.g., domestic violence).
 - **How old is the child?** The child’s age and developmental stage may influence the effect that parental incarceration has on their outcomes in other ways, too.
 - **Which parent is incarcerated?** Children’s adjustment in the context of a parent’s incarceration may depend on which parent is incarcerated.
 - **What is the child’s living situation?** The effect of the parent’s incarceration on the child depends in large part on the quality of the parent–child relationship and family stability prior to, during, and after the parent’s incarceration.
 - **Who is providing care for the child?** Caregivers play a critical role in children’s adjustment when parents are incarcerated. Most often, when a father is incarcerated, children live with their mothers. In other instances, the father and mother may have been living together and/or co-parenting the child, and the father’s incarceration results in a disruption in the family system. In contrast, when a mother is incarcerated, a majority of children live with a grandparent.
 - **How does incarceration affect family income and household stability?** In addition to disrupting the family system, a mother or father’s incarceration could result in the loss of household income.
 - **What is the quality of the caregiver–child relationship?** The stability and quality of the home environment that caregivers provide is essential for children’s social, emotional, and cognitive development during parental incarceration. All children benefit from caregivers who are sensitive to their needs, and provide routine and consistent expectations, but this type of care may be particularly protective for children who have experienced considerable

- disruption because of a parent’s incarceration.
- **Does the child have contact with the parent?** How the parent–child relationship is maintained during a parent’s incarceration also has implications for children’s adjustment.

Source: Youth.gov. (n.d.). Children of incarcerated parents. From <http://youth.gov/youth-topics/children-of-incarcerated-parents> (accessed April 12, 2016).

- Having a parent in prison can have an impact on a child’s mental health, social behavior, and educational prospects. The emotional trauma that may occur and the practical difficulties of a disrupted family life can be compounded by the social stigma that children may face as a result of having a parent in prison or jail.
- Children who have an incarcerated parent may experience financial hardship that result from the loss of that parent’s income. Further, some incarcerated parents face termination of parental rights because their children have been in the foster care system beyond the time allowed by law. These children require support from local, state, and federal systems to serve their needs.
- Children of incarcerated parents may also face a number of other challenging circumstances. They may have experienced trauma related to their parent’s arrest or experiences leading up to it.
- Children of incarcerated parents may also be more likely to have faced other adverse childhood experiences, including witnessing violence in their communities or directly in their household or exposure to drug and alcohol abuse.

Impact of Criminal Justice Involvement on Society

Source: Prisons Bureau. (2014, May 12). Annual determination of average cost of incarceration [notice]. *Federal Register*. From <https://www.federalregister.gov/articles/2014/05/12/2014-10859/annual-determination-of-average-cost-of-incarceration> (accessed April 12, 2016).

- The fee to cover the average cost of incarceration for Federal inmates in Fiscal Year 2013 was \$29,291.25 (\$80.25 per day).
- The average annual cost to confine an inmate in a Residential Re-entry Center for Fiscal Year 2013 was \$26,612.15 (\$72.91 per day).

Source: Justice Policy Institute. (2014, December 9). *Sticker shock: Calculating the full price tag for youth incarceration*. From <http://www.justicepolicy.org/research/8477> (accessed April 12, 2016).

- Over the past decade, the vast majority of states have made substantial progress in reducing reliance on incarceration to address behavior by the nation’s youth, with a 45 percent decline in the number of youth committed in residential placement between 2001 and 2011. While the juvenile justice field is making progress in reducing confinement, juvenile justice systems and the elected officials that oversee them are still making policy choices that rely on the most expensive, but the least effective, response to delinquency. The most recent data shows that 62 percent of youth

committed and confined in 2011 were there for a nonviolent offense, and that for every one white youth confined that year, nearly three youth of color were confined.

- In a survey of state expenditures on confinement in 46 states, the Justice Policy Institute (JPI) found that the average costs of the most expensive confinement option for a young person was \$407.58 per day, \$36,682 for three months, \$73,364 for six months, and \$148,767 per year. The data show that in 33 states and jurisdictions taxpayers can spend \$100,000 a year or more on a single young person's confinement.
- By contrast, community-based programming that can provide individualized, wraparound services based on the unique needs of each youth and that engage the family and connect the youth to neighborhood resources can cost much less—as little as \$75 per day.
- The report finds that these long-term consequences of incarcerating young people could cost taxpayers \$8 billion to \$21 billion each year. [This] estimate includes the cost to victims and taxpayers of recidivism related to the experience of confinement, the cost of lost educational opportunities and its implications on young people's ability to work, pay taxes, their reliance on public assistance, and the cost when young people are more likely to come into harm's way while confined.

Health Disparities

Source: SAMHSA. (2014, October 9). Health disparities. From <http://www.samhsa.gov/health-disparities> (accessed April 12, 2016).

- SAMHSA works to reduce behavioral health disparities among different population groups through programs, technical assistance, and workforce development.
- Significant behavioral health disparities persist in diverse communities across the United States, including:
 - Racial and ethnic groups
 - Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
 - People with disabilities
 - Transition-age youth
 - Young adults
- Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

Effect of Disparities on How the Criminal Justice System Addresses Behavioral Health Problems

Racial/Ethnic Disparities

Source: Sakala, L. (2014, May 28). Breaking down mass incarceration in the 2010 census: State-by-state incarceration by race/ethnicity. Prison Policy Initiative. From <http://www.prisonpolicy.org/reports/rates.html> (accessed April 12, 2016).

- A closer look at which communities are most heavily impacted by mass incarceration reveals stark racial and ethnic disparities in U.S. incarceration rates in every region of the country. Nationally, according to the U.S. Census, Blacks are incarcerated five times more than Whites are, and Hispanics are nearly twice as likely to be incarcerated as Whites.
- According to the 2010 U.S. Census, whites made up 64 percent of the general population and 39 percent of the incarcerated population. Blacks made 13 percent of the general population and 40 percent of the incarcerated population. Hispanics made up 16 percent of the general population and 19 percent of the incarcerated population.

Source: The Sentencing Project. (n.d.). Racial disparity. From <http://www.sentencingproject.org/template/page.cfm?id=122> (accessed April 12, 2016).

- More than 60% of the people in prison are now racial and ethnic minorities. For Black males in their thirties, 1 in every 10 is in prison or jail on any given day.
- These trends have been intensified by the disproportionate impact of the “war on drugs,” in which two-thirds of all persons in prison for drug offenses are people of color.
- [The Sentencing Project offers resources on racial disparity in the criminal justice system at [http://www.sentencingproject.org/clearinghouse/.](http://www.sentencingproject.org/clearinghouse/)]

Source: The Vera Institute of Justice. (2015, May 4). Young men of color and the other side of harm: Addressing disparities in our response to violence. From <http://www.vera.org/resources> (accessed April 12, 2016).

- Attention is increasingly being paid to the disparities young men of color face in our society, including their disproportionate involvement in the criminal justice system as those responsible for crime. Little recognition, however, is given to the fact that young men of color are also disproportionately victims of crime and violence.
- [Vera convened a panel of experts to discuss the disparities in our response to violence at <http://www.vera.org/videos/men-of-color-as-victims-of-violence>]
- [Vera also released an issue brief on this topic at <http://www.vera.org/sites/default/files/resources/downloads/men-of-color-as-victims-of-violence-v3.pdf>]

Source: The Vera Institute of Justice. (2015, March 3). A prosecutor’s guide for advancing racial equality. From <http://www.vera.org/pubs/prosecutors-advancing-racial-equity> (accessed April 12, 2016).

- The numbers of blacks and Latinos involved in the U.S. criminal justice system is disproportionate to their numbers in the general population nationwide. These disparities in criminal case outcomes have increasingly caught the attention of scholars,

journalists, and justice advocates, just as they have vexed prosecutors around the country.

Source: Justice and Health Connect. (n.d.). Health disparities in the criminal justice system: Quick facts. The Vera Institute of Justice. From <http://www.jhconnect.org/wp-content/uploads/2013/09/health-disparities-final.pdf> (accessed April 12, 2016).

- People who are involved in criminal justice systems experience significantly higher rates of chronic, acute, and behavioral health problems than the general population. Arrests are concentrated in low-income communities where people are more likely to be medically underserved. Underlying behavioral health conditions, such as mental illness and substance use, may place people at higher risk of arrest.

Gender Disparities

Source: Federal Bureau of Investigation. (2013, November). Crime In the United States, 2012. From <https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012> (accessed April 12, 2016).

- Nationwide, law enforcement made an estimated 12,196,959 arrests (does not include citations for traffic violations) during 2012; 26.2% of arrests were of females.

Source: The Vera Institute of Justice. (n.d.). Gender and justice in America—Blog series. From <http://www.vera.org/gender-justice-america-blog-series> (accessed April 12, 2016).

- No country incarcerates more women than the United States. Although American women comprise just five percent of the total global female population, we represent nearly a third of the world's female prisoners. In addition, the number of girls in youth facilities continues to rise even as male populations shrink, and increasing numbers of girls and women with children enter the civil immigration detention system. However, due to the size and scope of the male prison population in the age of mass incarceration, the unique challenges these women and girls face when they become involved in justice systems are often overlooked.
- Through the Gender & Justice in America blog series, Vera will explore issues facing justice-involved women and girls in the fields of adult corrections, youth justice, immigration, victimization, substance use, and mental health.

Source: Ney, B. (2014, January 8). 10 facts about women in jails. American Jail Association. From <http://www.americanjail.org/10-facts-about-women-in-jails/> (accessed April 12, 2016).

1. **Women pose a lower public safety risk than men.** Women typically enter the criminal justice system for nonviolent crimes that are often drug and/or property-related. Within correctional facility settings, incidents of violence and aggression committed by incarcerated women are extremely low. Women released from incarceration have lower recidivism rates than their male counterparts; this holds true for rearrests, reconvictions, and returns to correctional facilities with or without new sentences.

2. **Women’s pathways to criminal justice are different than men’s.** Women entering jails are much more likely to have experienced poverty, intimate partner violence, sexual abuse, and/or other forms of victimization often linked to their offending behavior. Justice-involved women are also much more likely to have co-occurring disorders—in particular, substance abuse problems interlinked with trauma and/or mental illness.
3. **Women’s engagement in criminal behavior is often related to their connections with others.** Relationships with children, family, and others are often paramount for women. Their exposure to dysfunctional and abusive relationships throughout their lives can elevate their risk for future victimization and the perpetration of violence—and their often unhealthy relationships (with men or others) can lead to their own involvement in crime and criminal justice.
4. **Women entering jails and prisons often report histories of victimization and trauma, and continue to be vulnerable to victimization within correctional settings.** Trauma such as sexual victimization is often linked to mental health, substance abuse, and relationship difficulties and contributes to criminal pathways for women. Research indicates that traumatic experiences cause chemical and structural changes in the brain, which affect an individual’s future reactions and ability to respond to interventions. In addition, incarcerated women with a history of trauma and accompanying mental health concerns are more likely to have difficulties with jail and prison adjustment and misconduct.
5. **Corrections policies and practices have largely been developed through the lens of managing men, not women.** Generally, policies and practices in jails (and prisons) do not reflect an understanding of the risk and needs of female offenders because much of the empirical research originally focused on male offenders.
6. **Jail and prison classification systems can result in unreliable custody designations and over-classification of female inmates.** Most jail classification systems have not been normed and validated specifically for women; yet they are often used to guide key housing and security decisions.
7. **Gender-informed risk assessment tools can more accurately identify women’s risk and needs.** Emerging research suggests that women have different risk factors from men. In addition, these risk factors are not typically included in “gender-neutral” assessments, including depression, psychotic symptoms, housing safety, and parental stress—all related to their criminal offending behaviors.
8. **Women are more likely to respond favorably when jail staff members adhere to evidence-based, gender-responsive principles.** Emerging research in the area of assessment and classification, case management, and programming is consistently showing more successful outcomes for women when corrections staff use gender-responsive approaches. Understanding trauma and its effects on women, using trauma-informed strategies when interacting with female inmates, and engaging in cognitive problem-solving with female inmates have also been shown to enhance facility safety and security for staff and inmates by reducing inmate—staff and inmate—inmate assaults, misconduct, mental health referrals, and the like.
9. **Transition and reentry from jail to the community can be challenging for women.** Because of their overwhelming needs, transition and reentry can be especially challenging for women. In addition, consider that more than 66,000 women incarcerated in jails and prisons nationwide are mothers of minor children. They are more likely than men to have primary child-rearing responsibilities and are often single parents. Women report greater levels of poverty than men and less employment

history immediately preceding incarceration. Finding “safe” housing where women can live and support their children is very challenging.

- 10. The cost of overly involving women in criminal justice is high.** Given what we now know about women—their low risk, parental responsibilities, and significant needs (mental and physical health, histories of trauma, substance abuse, financial, etc.)—and some of the strategies we can employ to improve their outcomes, it is difficult to reconcile that 60 percent of women released from incarceration are re-arrested and nearly a third are returned to confinement. Most instances of these are for technical violations rather than new crimes, and they often stem from unmet “survival needs,” such as difficulty meeting financial obligations, lower employment skills, or the inability to secure safe housing.
- Evolving research on justice-involved women indicates that focusing on the differences in male and female pathways to criminality, their responses to custody and supervision, and applying gender-informed interventions and treatments yields better results and contributes to more successful outcomes for women offenders. In addition, the safety and security of jails and prisons are enhanced.

Source: Wilder Research. (2013). Through the eyes of a child: Life with a mother in prison. Volunteers of America. From <http://nicic.gov/library/027920> (accessed April 12, 2016).

- Most people assume that women in prison are unfit mothers, and that their children are simply better off without them. But a growing body of research suggests that children with incarcerated parents may actually achieve better outcomes when they can maintain some type of positive contact with their father or mother.
- In continuing to support the children of incarcerated mothers, it is important for advocates and policymakers to keep in mind the following:
 - **Caregiver well-being is clearly linked to the well-being of the child.** Supporting the children of incarcerated mothers means also providing support for their caregivers. Particular attention must be paid to a caregiver’s mental health. If a caregiver is depressed or overwhelmed, she cannot provide the quality care and nurturing that a child needs, which can, in turn, affect the child’s emotional and behavioral well-being. In addition to a healthy caregiver, children also need to have a stable living environment.
 - **Children need the ability to visit their mothers in a safe, non-hostile environment.** Currently, the visiting areas at prisons vary widely from spaces where children can play and interact with their parents to austere rooms with barbed wire and the inability for any physical contact. While it may be emotionally difficult for children to visit a parent in prison, they need the opportunity to interact with their incarcerated mother in a safe, non-threatening place. This is especially true for younger children, who have a harder time processing the situation and dealing with their emotions.
 - **Children need strong emotional support, especially those who already exhibit serious emotional or behavioral problems.** The children of incarcerated mothers may have difficulty expressing or controlling their emotions because of their traumatic situation, and studies show that children who are less able to regulate their emotions are significantly more likely to engage in problem behaviors. Therefore, it is important for policymakers and advocates to fight for

more children's mental health services to get children the emotional support they need to cope.

- **It is important to try to support families before incarceration occurs.** As mentioned previously, many of the children who experience maternal incarceration are already at a high risk of emotional, behavioral and intellectual problems; therefore, it is important to reach out to high-risk youth even before a parent may be incarcerated.

Sexual Orientation and Gender Expression Disparities

Source: Gay and Lesbian Advocates and Defenders (GLAD). (n.d.). Know your rights—Criminal justice system & prisons. From <http://www.glad.org/rights/topics/c/criminal-justice-system-prisons> (accessed April 12, 2016).

- LGBT and HIV-positive individuals often experience unique difficulties when dealing with the criminal justice system. At best, the system is poorly designed to accommodate and serve the needs of GLAD's community. At worst, it is overtly and deliberately hostile.
- Antiquated anti-gay "sodomy" laws have been struck down, but other criminal laws related to sex—statutes that may be neutral on their face—are often enforced in a discriminatory way against gay men.
- In prison, LGBT individuals are frequently targeted for mistreatment and physical or sexual attacks. Prison officials may participate in such abuse, turn their backs on it, or lack institutional tools to adequately protect LGBT inmates. Transgender inmates and people with HIV may face additional difficulties gaining access to appropriate medical treatment.

Source: Hunt, J., & Moodie-Mills, A. C. (2012, June 29). The unfair criminalization of gay and transgender youth. Center for American Progress. From <https://www.americanprogress.org/issues/lgbt/report/2012/06/29/11730/the-unfair-criminalization-of-gay-and-transgender-youth/> (accessed April 12, 2016).

- Gay, transgender, and gender nonconforming youth are significantly over-represented in the juvenile justice system—approximately 300,000 gay and transgender youth are arrested and/or detained each year, of which more than 60 percent are black or Latino. Though gay and transgender youth represent just 5 percent to 7 percent of the nation's overall youth population, they compose 13 percent to 15 percent of those currently in the juvenile justice system.
- These high rates of involvement in the juvenile justice system are a result of gay and transgender youth abandonment by their families and communities, and victimization in their schools—sad realities that place this group of young people at a heightened risk of entering the school-to-prison pipeline.
- Despite the disproportionately high rates of gay and transgender youth entering the juvenile justice system, our nation's schools, law enforcement officers, district attorneys, judges, and juvenile defenders are not equipped to manage the unique experiences and challenges that these young people face. As a consequence, the system often does more harm by unfairly criminalizing these youth—imposing harsh school sanctions, labeling them as sex offenders, or detaining them for minor offenses—

in addition to subjecting them to discriminatory and harmful treatment that deprives them of their basic civil rights.

- Research shows that gay and transgender youth entering into the juvenile justice system are twice as likely to have experienced family conflict, child abuse, and homelessness as other youth. This trend is partly due to the fact that youth today “come out” at younger ages, often to families that may not accept gay and transgender people.
- Interfamily conflicts stemming from parents’ refusal to accept a child’s sexual orientation or gender identity often result in the first contact these young people have with the justice system.
- Further, family discord that casts these youth from their homes can send them cascading through social safety nets not adequately equipped to support them.
- Gay and transgender youth who flee hostility and abuse at home and in temporary placements are most likely to end up homeless, which is the greatest predictor of involvement with the juvenile justice system.
- Out of despair and a need for survival, homeless gay and transgender youth are more likely to resort to criminal behaviors, such as drug sales, theft, or “survival sex,” which put them at risk of arrest and detainment.
- Unfortunately, schools do not always provide a reprieve for youth experiencing family rejection. According to the Gay Lesbian and Straight Education Network’s School Climate Survey, 84 percent of gay and transgender students report being verbally harassed, 40 percent physically harassed, and 19 percent physically assaulted.
- What’s more, gay and transgender students report astonishingly low levels of confidence in their school administrators and often do not report incidents because they expect the situation will not improve or fear it might even become worse. This is not surprising considering that one-third of bullied gay and transgender students who reported bullying to school officials said the administrators did nothing to address the issue.
- Hidden among these school discipline data are thousands of gay and transgender youth who bear a double burden of disparate impact. A groundbreaking study published in 2010 in the medical journal *Pediatrics* revealed that gay and transgender youth, particularly gender nonconforming girls, are up to three times more likely to experience harsh disciplinary treatment by school administrators than their heterosexual counterparts.
- As with the racial disparities in school suspensions and expulsions, these higher rates of punishment do not correlate to higher rates of misbehavior among gay and transgender youth. What the research suggests is that gay and transgender youth actually face harsher sanctions by school administrators even when committing similar offenses.
- Gay and transgender youth who end up in the justice system are at-risk of being labeled as sex offenders, regardless of whether they have actually committed a sexual crime. Gay and transgender youth “are more likely to be prosecuted for age-appropriate consensual sexual activity” than their heterosexual counterparts—a lopsided application of the law, which has devastating consequences for gay and transgender youth who would be required to register as a sex offenders in 29 states if convicted. The stigma of being a registered sex offender could haunt them for the rest of their lives, negatively impacting their future employment and life opportunities and causing significant psychological distress.

- Many gay and transgender youth charged with nonsexual offenses are also unfairly treated as sex offenders and ordered by the court to undergo sex offender treatment programs or sex offense risk assessments simply because of their sexual orientation or gender identity.
- From the moment gay and transgender youth enter a detention facility they are at risk of being inappropriately classified and housed. Transgender youth, for example, are often placed according to their birth sex rather than by their gender identity in an effort to force transgender youth to conform to societal norms. Doing so can be psychologically devastating and leave them vulnerable to physical and sexual abuse. Additionally, youth facility staff often view them as threatening or sexually predatory, harmful stereotypes that taint placement decisions and influence the treatment of transgender youth.
- Gay and transgender youth are particularly at risk for physical, sexual, and emotional abuse while in detention, by both staff and other youth. Eighty percent of those surveyed by the Equity Project believed a lack of safety in detention was a serious problem. Some reports suggest that staff have turned a blind eye to incidents of rape and abuse against gay and transgender youth, confusing gay and transgender identity as an invitation for sex. Gay and transgender youth are not only subjected to abuse by their peers but by staff as well, particularly in the facilities that lack training and policies that promote inclusiveness and rely on biases rather than on best practices in treatment and placement decisions.
- Gay and transgender youth have been subjected to reparative or conversion therapy to change their sexual orientation by both social workers and the courts, even though so-called reparative or conversion therapy has been condemned by every major health organization, including the American Medical Association, American Psychological Association, and the American Academy of Child and Adolescent Psychiatry.

Racial and Ethnic Disparities Related to Drug Courts

Source: Marlowe, D. B. (2013). Achieving racial and ethnic fairness in drug courts. *Court Review*, 49(1), 40–47.

- In June 2010, the Board of Directors of the National Association of Drug Court Professionals (NADCP) passed a unanimous resolution directing drug courts to examine whether unfair disparities exist in their programs for racial or ethnic minority participants, and if so, to take reasonable corrective measures to eliminate such disparities.
- The “War on Drugs” of the 1980s emphasized incarceration as a principal response to drug-related crime. It is now evident that this policy had a minimal effect on criminal recidivism, was prohibitively costly, and disproportionately harmed racial and ethnic minorities and the poor. Nearly one out of every 100 adult citizens is now behind bars in the United States, and the rates are substantially higher for minorities: approximately one out of every 15 African-American adult males and one out of every 36 Hispanic adult males are behind bars.
- Drug courts emerged as one alternative to the War on Drugs that emphasizes community-based treatment and rehabilitation in lieu of prosecution or incarceration.
- [The article summarizes what is known about racial and ethnic disparity in drug courts

as follows:]

- African-Americans appear to be underrepresented in adult drug courts by an average of a few percentage points.
- African-American participants, and to a lesser extent Hispanic and Latino/Latina participants, are considerably less likely than Caucasians to graduate from a plurality of drug courts, but not all drug courts. This difference does not appear to be a function of race or ethnicity *per se*, but rather a function of other socio-demographic characteristics which may be correlated with race or ethnicity.
- Evidence suggests graduation rates for African-American and Hispanic participants may be substantially increased by: providing vocational services and assistance; administering structured, cognitive-behavioral treatment curricula; administering treatments that are focused on the prevalent drugs of choice in minority communities (*e.g.*, cocaine and heroin); better preparing minority participants for what to expect before referring them to 12-step meetings; and administering culturally tailored interventions for young African-American males.
- Empirical evidence does not support the assertion that minority participants receive different sanctions for comparable infractions in drug courts; however, insufficient research has addressed this question.
- No valid research has investigated whether minority participants are sentenced more harshly than non-minorities for failing drug court.

Efforts to Address Racial Disparities in Drug Courts

Source: O’Hear, M. (2009). Rethinking drug courts: Restorative justice as a response to racial injustice. *Stanford Law & Policy Review*, 20(2), 463–499.

- No court-based diversion program is likely to make a large dent in the racial disparities that plague our criminal justice system. Major improvements will have to come from legislative in police practices (end racial profiling, reduce relative enforcement intensity against crack and open-air drug offenses). Unfortunately, such reforms do not seem politically viable at present.
- Court-based diversions may be the best we can do. Although the most popular alternative seems to be the treatment-based drug court, there are good reasons to favor the development of a different sort of drug court—one that is built around the principles and practices associated with restorative justice [RJ].
- An RJ-based drug court would be a more inclusive venue for handling drug cases than a treatment-based court, welcoming and empowering members of the offender’s community through the conferencing process. In doing so, the RJ-based court would foster more positive attitudes within minority communities towards the legal system, contributing to more constructive citizen-police interactions and enhancing the sense of obligation among community members to obey the law.
- The RJ-based court would also promote stronger relationships among community members, building the sort of social capital that permits to communities to address their own problems more effectively.

- The RJ-based court, in short, may help minority communities to reduce their crime rates without falling back on the strategy of more arrests, more convictions, and more incarceration—strong medicine that sometimes seems worse than the disease it is intended to cure.

Efforts To Address Behavioral Health Disparities in the Criminal Justice System

Source: The Vera Institute of Justice. (n.d.). Justice and Health Connect initiative. From <http://www.vera.org/project/justice-and-health-connect-initiative> (accessed April 12, 2016).

- Vera’s Substance Use and Mental Health Program launched the Justice and Health Connect (JH Connect) initiative in 2011 with support from the Bureau of Justice Assistance. JH Connect aims to increase agencies’ capacities to share data across behavioral health and justice systems in confidential, legal, and ethical ways to better serve people with behavioral health needs who come into contact with justice systems.
- [This site offers resources related to health and the criminal justice system at <http://www.vera.org/resources>.]

Source: Schrantz, D., & McElroy, J. (2008). *Reducing racial disparity in the criminal justice system: A manual for practitioners and policy makers*. The Sentencing Project.

- The Sentencing Project is a national nonprofit organization which promotes sentencing reform and the use of alternatives to incarceration through program development and research on criminal justice issues. The Sentencing Project’s research addresses the causes and consequences of racial disparities, as well as practical responses to these problems.
- [This document discusses racial disparity in the criminal justice system and provides practical advice for how to address it.]

Source: Lieberman, A., & Fontaine, J. (2015, February). Reducing harms to boys and young men of color from criminal justice system involvement. The Urban Institute. From <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000095-Reducing-Harms-to-Boys-and-Young-Men-of-Color-from-Criminal-Justice-System-Involvement.pdf> (accessed April 12, 2016).

- At the justice system level, aspects of the overrepresentation of youth of color include law enforcement practices that focus on and respond differently to young men of color and that increase their juvenile justice and criminal justice involvement. In addition, police seem to apply greater use of force to people of color, particularly boys and young men, as exemplified by episodic incidents of unarmed black men dying at the hands of police. Increased involvement with the justice system tends to interfere with school completion and employment in a negative cascade. Harsh sentencing policies then exacerbate any disproportionalities at entry in the justice system, and perverse financial incentives may incentivize longer and harsher sentences than necessary.
- For juveniles in particular, the justice system is used to address problems best handled elsewhere, such as school discipline issues; in addition, this pathway into the justice

system is used disproportionately for youth of color. All too often the justice system is seen as a benevolent route to services that are in the child's best interests, especially when services are not otherwise easily available or funded. But this involuntary route to services delivery comes with high costs, including detrimental labeling effects, along with the risk of further sanctioning and justice system involvement for noncompliance with treatment and service mandates.

Source: Jones, C. E. (2013). "Give us free": Addressing racial disparities in bail determinations. From <http://nicic.gov/library/028047> (accessed April 12, 2016).

- "This article considers racial disparities that occur nationally in the bail determination process, due in large part to the lack of uniformity, resources, and information provided to officials in bail proceedings. It argues that the almost unbridled decision making power afforded to bail officials is often influenced by improper considerations such as the defendant's financial resources or the race of the defendant. As a result of these failures, the bail determination process has resulted not only in racial inequalities in bail and pretrial detention decisions, but also in the over-incarceration of pretrial defendants and the overcrowding of jails nationwide. The article looks to the example of the ongoing work of criminal justice officials in Saint Louis County, Minnesota to address racial disparities in bail determinations in their county." (p. 919).

Importance of Culturally Competent and Linguistically Relevant Care

Source: SAMHSA. (2015, October 5). Serving the needs of diverse populations. From <http://www.samhsa.gov/workforce/serving-needs-diverse-populations> (accessed April 12, 2016).

- Being culturally competent and aware is to be respectful and inclusive of the health beliefs and attitudes, healing practices, and cultural and linguistic needs of different population groups.
- Behavioral health practitioners can bring about positive change by better understanding the differing cultural context among various communities, and being willing and able to work within that context.

Source: SAMHSA. (2015, September 25). Cultural competence. From <http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence> (accessed April 12, 2016).

- Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent.
- Culture must be considered at every step of the Strategic Prevention Framework (SPF).
- "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.
- To produce positive change, prevention practitioners and other members of the behavioral health workforce must understand the cultural context of their target

community. They must also have the willingness and skills to work within this context. This means drawing on community-based values and customs and working with knowledgeable people from the community in all prevention efforts.

- Practicing cultural competence throughout the program planning process ensures that all members of a community are represented and included. It can also prevent wasteful spending on programs and services that a community can't or won't use. This is why understanding the needs, risk and protective factors, and potential obstacles of a community or specific population is crucial.
- Cultural competence applies to organizations and health systems, just as it does to professionals. A culturally competent organization:
 - **Continually assesses organizational diversity:** Organizations should conduct a regular assessment of its members' experiences working with diverse communities and focus populations. It also regularly assesses the range of values, beliefs, knowledge, and experiences within the organization that would allow for working with focus communities.
 - **Invests in building capacity for cultural competency and inclusion:** Organizations should have policies, procedures, and resources in place that make ongoing development of cultural competence and inclusion possible. It must also be willing to commit the resources necessary to build or strengthen relationships with groups and communities. Including representatives of the focus population within the organization's ranks is especially useful.
 - **Practices strategic planning that incorporates community culture and diversity:** Organizations are urged to collaborate with other community groups. Its members are also encouraged to develop supportive relationships with other community groups. When these steps are taken, the organization is seen as a partner by other groups and their members.
 - **Implements prevention strategies using culture and diversity as a resource:** Community members and organizations must have an opportunity to create and/or review audiovisual materials, public service announcements, training guides, printed resources, and other materials to ensure they are accessible to, and attuned to their community or focus population.
 - **Evaluates the incorporation of cultural competence:** Community members must have a forum to provide both formal and informal feedback on the impact of all prevention interventions.
- SAMHSA's Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:
 - Ensure community involvement in all areas
 - Use a population-based definition of community (let the community define itself)
 - Stress the importance of relevant, culturally-appropriate prevention approaches
 - Employ culturally-competent evaluators
 - Promote cultural competence among program staff that reflect the community they serve
 - Include the target population in all aspects of prevention planning

My Brother's Keeper Initiative

Source: The White House (President Barack Obama). (2014, February 27). My Brother's Keeper. From <https://www.whitehouse.gov/my-brothers-keeper#> (accessed April 12, 2016).

- President Obama launched the My Brother's Keeper initiative to address persistent opportunity gaps faced by boys and young men of color and ensure that all young people can reach their full potential.
- Through this initiative, the Administration is joining with cities and towns, businesses, and foundations who are taking important steps to connect young people to mentoring, support networks, and the skills they need to find a good job or go to college and work their way into the middle class.

Source: The White House (President Barack Obama). (2014, February 27). Fact sheet: Opportunity for all: President Obama launches My Brother's Keeper initiative to build ladders of opportunity for boys and young men of color. From <https://www.whitehouse.gov/the-press-office/2014/02/27/fact-sheet-opportunity-all-president-obama-launches-my-brother-s-keeper-> (accessed April 12, 2016).

- President Obama will sign a Presidential Memorandum establishing the My Brother's Keeper Task Force, an interagency effort, chaired by Assistant to the President and Cabinet Secretary Broderick Johnson, that will help us determine what public and private efforts are working and how to expand upon them, how the Federal Government's own policies and programs can better support these efforts, and how to better involve State and local officials, the private sector, and the philanthropic community in these efforts.
- Leading foundations and businesses have long worked with others in philanthropy to create opportunities for young men and boys of color and today are committing significant resources to research critical intervention points in the lives of boys and young men of color; change the often-damaging narrative about them; and catalyze coordinated investments to seed, replicate, and scale up effective community solutions.

Importance of Addressing Trauma Among People With Mental or Substance Use Disorders in the Criminal Justice System

Source: SAMHSA. (2015, August 19). Trauma training for criminal justice professionals. From <http://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals> (accessed April 12, 2016).

- SAMHSA recognizes that the majority of people who have behavioral health issues and are involved with the justice system have significant histories of trauma and exposure to personal and community violence. Involvement with the justice system can further exacerbate trauma for these individuals. Traumatic events can include physical and sexual abuse, neglect, bullying, community-based violence, disaster, terrorism, and war. These experiences can:

- Challenge a person’s capacity for recovery
- Pose significant barriers to accessing services
- Result in an increased risk of interacting with the criminal justice system

Source: SAMHSA. (2014, July). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. From <http://store.samhsa.gov/product/SMA14-4884?from=carousel&position=4&date=09032014> (accessed April 12, 2016).

- [This document] introduces a concept of trauma and offers a framework for how an organization, system, service sector can become trauma-informed. [It] includes a definition of trauma (the three “E’s”), a definition of a trauma-informed approach (the four “R’s”), 6 key principles, and 10 implementation domains.

Source: Rosenberg, L. (2011). Addressing trauma in mental health and substance use treatment. *Journal of Behavioral Health Services & Research*, 38(4), 428–531.

- Trauma-informed care is now the expectation, not the exception, in behavioral health treatment systems. In a trauma-informed human services system, the following applies:
 - Repeated trauma is viewed as a core life event around which subsequent development organizes. Symptoms are understood not merely as complaints but as attempts to cope and survive.
 - Treatment for individuals who have been traumatized recognizes both their vulnerabilities and their strengths. By the very fact that people we serve have experienced violence or the threat of violence and have come out on the other side, they are survivors, not victims.
 - Services for trauma survivors are based on the principles of safety, voice, and choice as defined by the people we serve. Our primary goals as helpers and healers must be the individual’s empowerment and recovery. The consumer must be an active planner and participant in services. Peer support can be lifesaving.
 - Trauma services are ethnically, racially, and spirituality relevant to the individual and gender specific. Cultural competence is more than the latest buzzword in our field. It is the best way to ensure that the people we serve receive treatment that is meaningful to them.
 - Finally, trauma treatment is coordinated across multiple service systems. The problems engendered by violence cut across emergency services, mental health care, primary health care, substance abuse treatment, and domestic violence. But all too often trauma survivors cycle in and out of these various systems without ever receiving appropriate services. We cannot let that continue.

Source: Miller, N., & Najavits, L. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3. doi: 10.3402/ejpt.v3i0.17246.

- The authors explore the unique challenges and promises of trauma-informed correctional care and suggest strategies for administrative support, staff development, programming, and relevant clinical approaches.

- [This literature review] includes a comparison of gendered responses, implications for men's facilities, and the compatibility of trauma recovery goals and forensic programming goals.
- [The authors conclude that] incorporating trauma recovery principles into correctional environments requires an understanding of criminal justice priorities, workforce development, and specific approaches to screening, assessment, and programming that unify the goals of clinical and security staff.

Source: Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior*, 39(6), 694–724.

- Youth in secure juvenile justice settings (e.g., detention, incarceration) often have histories of complex trauma: exposure to traumatic stressors including polyvictimization, life-threatening accidents or disasters, and interpersonal losses.
- Complex trauma adversely affects early childhood biopsychosocial development and attachment bonding, placing the youth at risk for a range of serious problems (e.g., depression, anxiety, oppositional defiance, risk taking, substance abuse) that may lead to reactive aggression.
- Complex trauma is associated with an extremely problematic combination of persistently diminished adaptive arousal reactions, episodic maladaptive hyperarousal, impaired information processing and impulse control, self-critical and aggression-endorsing cognitive schemas, and peer relationships that model and reinforce disinhibited reactions, maladaptive ways of thinking, and aggressive, antisocial, and delinquent behaviors.
- This constellation of problems poses significant challenges for management, rehabilitation, and treatment of youth in secure justice settings.
- [The authors review] epidemiological and clinical evidence of the prevalence, impact on development and functioning, comorbidity, and adverse outcomes in adolescence of exposure to complex trauma.
- [They discuss] implications for milieu management, screening, assessment, and treatment of youth who have complex trauma histories and problems with aggression in secure juvenile justice settings.

How the Criminal Justice System Addresses Trauma

Source: National Institute of Corrections. (n.d.). From <http://nicic.gov/> (accessed April 12, 2016).

- The National Institute of Corrections (NIC) is an agency within the U.S. Department of Justice, Federal Bureau of Prisons. [NIC] provide[s] training, technical assistance, information services, and policy/program development assistance to federal, state, and local corrections agencies. Through cooperative agreements, we award funds to support our program initiatives. [NIC] also provide[s] leadership to influence correctional policies, practices, and operations nationwide in areas of emerging interest and concern to correctional executives and practitioners as well as public policymakers.

- [By searching the keyword “trauma,” visitors can find information and resources on trauma and addressing trauma among people in the criminal justice system, including [*Building a Trauma-Informed Nation: Moving the Conversation Into Action*](#) (webcast)].

Source: National Clearinghouse for the Defense of Battered Women. (2014). Justice-involved women: Understanding trauma and violence [webinar]. From <http://nicic.gov/library/029601> (accessed April 12, 2016).

- This webinar will: describe violent female offenders; define trauma-informed and gender-responsive services; describe the social-ecological model of violence; describe the theoretical foundation of Beyond Violence; discuss the evidence-base and research on Beyond Violence; and introduce the Beyond Violence curriculum.

Source: SAMHSA. (n.d.). Creating a trauma-informed criminal justice system for women: Why and how. From [http://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR\(2\).pdf](http://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR(2).pdf) (accessed April 12, 2016).

- Across the country, many communities have shown a new awareness of these women and their trauma histories, and they have responded by developing trauma-informed criminal justice systems to better serve these women. The goal for these systems is to make specific trauma informed changes in order to avoid retraumatizing women and making their problems worse. They may also offer interventions that give women a chance to understand the impact of trauma in their lives, heal, and learn to thrive despite past wounds. Many communities find that the upfront costs of these interventions—however difficult in a context of fiscal belt-tightening—pay off in savings and other benefits.
- In developing effective trauma-informed systems, these communities focus on five “intercept” points at which women may come in contact with the criminal justice system, each of which offers an opportunity to begin recovery. This “Sequential Intercept Model” has been shown to benefit women, the criminal justice system, and other service systems by:
 - Enabling women to recognize the impact of trauma in their lives, get support, and move ahead toward healing;
 - Helping women lead stable lives and restore relationships with children in the system;
 - Reducing recidivism and related costs, such as foster care; and
 - Enabling women who are incarcerated to reduce conflict with other inmates, as well as with prisoners and guards.

Source: Benedict, A. (2014). Using trauma-informed practices to enhance safety and security in women’s correctional facilities. National Resource Center on Justice Involved Women. From <https://www.bja.gov/Publications/NRCJIW-UsingTraumaInformedPractices.pdf> (accessed April 12, 2016).

- Given the prevalence of trauma among women inmates and the realities of its effects, some women’s correctional facilities have begun to create a more trauma-informed culture. In a trauma-informed culture:
 1. Staff understand trauma’s pervasive effects on the brain and body,
 2. Innovative programs are introduced to educate women on the effects of trauma and help them cope with its effects, and
 3. Operational practices are specifically structured to help women manage difficult symptoms so they can safely engage in institutional programs and services.
- Trauma survivors often carry sensations of constant threat (e.g., dry throat, increased heart rate) and will do anything to make these sensations go away. Drug use, self-harm, defiance, and other negative behaviors exhibited by women inmates may be better understood as trauma survival behaviors that alleviate deep sensory distress, rather than a blatant disregard for institutional rules. Common correctional routines and practices can worsen or alleviate the sensory distress that accompanies trauma. For women inmates, attempts to neutralize, escape, or protect can take many forms: bullying another inmate, forming inmate families, withdrawing from certain activities, nurturing with food, and countless other behaviors. In the absence of alternatives and living in a climate of fear, these behaviors offer a sense of control and provide psychological and physiological relief.
- For institutions, becoming trauma-informed means modifying operational practices that can cause further trauma to women inmates. For instance:
 - The conduct of strip searches by staff for contraband may re-traumatize women who have been sexually abused in the past. Transitioning inmates from one place to another in a facility appears to be an innocuous procedure; yet, for women inmates who are trauma survivors, transitions can be significant triggers.
 - Being supervised by male staff during sensitive times (i.e., showering, dressing/undressing) not only creates basic human discomfort, but can be extremely traumatic for women who have been abused by men.
 - Various events and routines that occur day-to-day in women’s facilities can easily be perceived as threatening (e.g., banging of doors, loud voices, unfamiliar persons, having to talk with someone who is unfamiliar, strip searches, cell extractions, segregation). These events and routines are often experienced as “triggers” and make it very difficult for the nervous system to reset itself; therefore, women in institutions often live day-to-day in an unnecessarily heightened state of stress.

Source: Miller, N., & Najavits, L. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3. doi: 10.3402/ejpt.v3i0.17246.

- This article discusses the centrality of trauma in the lives of inmates and explores components of what we will call *trauma-informed correctional care* (TICC). TICC is the adaptation of trauma-informed care for correctional settings in particular, which have their own unique challenges, strengths, culture, and needs. We will address a variety of themes related to TICC, including institutional and personal safety, staff training,

cultural change and relevant clinical approaches. We also focus on gender differences in relation to both trauma and criminal justice.

- What's in it for me to use TICC?
 - Controlling costs of healthcare, close custody and staff turnover
 - Controlling the high cost of secure mental health housing units
 - Reducing seclusion and restraint and de-escalating critical incidents
 - Effective behavior management, safer facilities and job satisfaction
- Group exercises relevant to TICC
 - Trauma-related symptoms, behaviors, adaptations and their function
 - Grounding role plays and demonstrations
 - Practicing verbal trauma de-escalation prompts
 - Demonstrating talking inmates through pat downs and searches
 - Redirecting offenders and inmates who bring up trauma details
- Incorporating the voice of trauma survivors
 - Panels of veterans in trauma recovery
 - Videos and films of stories of trauma healing
 - Stories of offenders overcoming victimization
 - Signs of vicarious trauma, supporting co-workers
- The best training approaches include buy-in from security and administration, skill demonstration and rehearsal, and establishing a human connection to trauma. A caveat, however, is that inmate stories and films that speak to healing from the effects of trauma are well-received, but details of extreme and horrifying experiences are not a desirable training tool. The principle, “headlines, not details” is apt (i.e., trauma can be mentioned as a phrase, such as “child abuse,” “rape,” etc., but there is no need to ever go into details of trauma). This helps to reduce vicarious trauma and triggering of staff’s own personal trauma memories. Also, by modeling this in training, staff can then implement this approach with inmates. Setting ground rules for keeping details of traumatic experiences to a minimum to avoid triggering effects is essential. This can be approached as a means of ensuring safety and supporting self-care for both security staff and inmates, while clinical staff members perfect their skill at redirecting group members and reinforcing boundaries.
- There is sometimes great reluctance to open the trauma “can of worms” given the prison environment and the limited clinical resources available. Yet, trauma-informed correctional care and staff training can go a long way toward creating an environment conducive to rehabilitation and staff and institutional safety.
- It is important to remember that prison staff is legally responsible for medical care for inmates and must provide appropriate treatment, including mental health services. The use of TICC can provide a contextual foundation that strengthens the prison setting to provide effective help in increasing pro-social coping skills, creating a calm and safe prison environment, reducing adverse events, and aiding staff morale, all of which can lead to better offender rehabilitation outcomes.

Definition of Re-traumatization and Importance in Criminal Justice System

Source: Kammerer, N., & Mazelis, R. (2006, July). After the crisis: Trauma and re-traumatization issue brief. SAMHSA's GAINS Center. From <http://pathprogram.samhsa.gov/resource/after-the-crisis-trauma-and-retraumatization-issue-brief-26441.aspx> (accessed April 12, 2016).

- “Trauma” refers to “interpersonal violence in the form of physical abuse and sexual abuse, including childhood sexual abuse, rape, and domestic or intimate partner violence.” Such trauma may or may not involve the medical sense of traumatic bodily injury, but certainly involves adverse psychological states that pertain to self-concept, trust, views of events in one’s life, and coping mechanisms.
- A person who is still suffering from the impact of a previous trauma has heightened vulnerability to stressful events that follow. This experience, called “retraumatization.”

Source: SAMHSA. (2015, August 19). Trauma training for criminal justice professionals. From <http://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals> (accessed April 12, 2016).

- The GAINS Center offers training that helps educate criminal justice professionals about the impact of trauma and how to develop trauma-informed responses.
- Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals. This increases safety for all, decreases the chance of an individual returning to criminal behavior, and supports the recovery of justice-involved women and men with serious mental illness. Partnerships across systems can also help link individuals to trauma-informed services and treatment.
- The GAINS Center has developed training for criminal justice professionals to raise awareness about trauma and its effects. “How Being Trauma-Informed Improves Criminal Justice System Responses” is a one-day training for criminal justice professionals to:
 - Increase understanding and awareness of the impact of trauma
 - Develop trauma-informed responses
 - Provide strategies for developing and implementing trauma-informed policies
- This highly interactive training is specifically tailored to community-based criminal justice professionals, including police officers, community corrections personnel, and court personnel.
- [Search for a trainer in your area](#) or [contact the GAINS Center](#) about holding a training.

Source: SAMHSA. (2013). SAMHSA's National Center on Trauma-Informed Care and SAMHSA's National GAINS Center for Behavioral Health and Justice: Essential components of trauma-informed judicial practice. Rockville, MD: SAMHSA.

- It is not an exaggeration to say that untreated trauma is at the root of many of society’s ills. That does not mean that people with histories of trauma who commit crimes are not responsible for their actions. However, recognizing and addressing trauma benefits individuals and the systems that serve them.

- Trauma-informed judicial interactions begin with good judicial practice, treating individuals who come before the court with dignity and respect. Every interaction between a judge and a treatment court participant is an opportunity for engagement. For a person who has experienced past trauma or may still be experiencing violence in their lives, a judge’s words can be potentially hurtful or potentially healing.
- Trauma-informed judicial practice recognizes the role that trauma may play in how an individual perceives what the judge says and how he or she says it. The courtroom setting can be intimidating, even for individuals who have not experienced violence and trauma in their lives. Many practices may be perceived as shocking and dehumanizing to someone experiencing the court for the first time. For example, in some courts, people are handcuffed and forced to appear in prison jumpsuits. Courtrooms frequently include many signs telling individuals what not to do.
- Most treatment court participants are survivors of trauma. Many treatment court judges have found that understanding and acknowledging trauma helps to engage participants in services, treatment, and judicial interventions, whether or not they have a trauma-related or other mental health diagnosis.
- Communicating effectively and respectfully with treatment court participants, eliminating unnecessary court procedures that could be perceived as threatening, and modifying the physical environment to create a sense of safety can help to ensure that trauma survivors benefit from judicial interventions. Training and resources are available to support treatment courts in becoming trauma-informed.

Panel 2: Addressing Disparities and Improving Services in the Criminal Justice System

Key Questions:

- 1. How can treatment during incarceration help improve outcomes for people with mental or substance use disorders?**
- 2. What role can the criminal justice system play in reducing disparities and improving service delivery?**
- 3. How can peers help improve service delivery during incarceration?**
- 4. Why are the current Administration and others in the field calling for a revision of drug-related criminal justice sentencing laws?**
- 5. How can a new sentencing approach help break down barriers to equality for those experiencing disparities?**
- 6. How do specialty courts—mental health courts and drug courts—promote recovery among people with mental or substance use disorders who are involved in the criminal justice system? What is the Behavioral Health Treatment Court Collaboratives program?**
- 7. How can the Affordable Care Act (ACA) help improve services for people in the criminal justice system?**
- 8. What are the benefits of a system of alternatives to communities?**

Treatment During Incarceration Can Help Improve Outcomes for People With Mental or Substance Use Disorders

Source: SAMHSA's National Registry of Evidence-based Programs and Practices. (2014, January 28). AMIkids Personal Growth Model. From <http://amikids.org/about-ami-kids/our-approach> (accessed April 12, 2015).

- The AMIkids Personal Growth Model (PGM) is a comprehensive approach to treatment for 10- to 17-year-old youth who have been adjudicated and, in lieu of incarceration, assigned to a day treatment program, residential treatment setting, or alternative school or who have been assigned to an alternative school after failing in a conventional school setting. The AMIkids PGM, which is intended for use over 6–8 months, is designed to target and reduce the risk factors that sustain delinquent behavior and academic failure, reduce recidivism, improve program completion rates, and promote academic achievement.
- Before services are provided through the AMIkids PGM, the risks, needs, and motivation to change of the youth and his or her family are assessed. On the basis of these assessed needs, an appropriate treatment plan is developed, which combines the following components:
 - Education. The education component uses three primary methods to enhance learning: experiential education, project-based learning, and service learning. Participants attend classes in an academic setting, and teachers use a rigorous curriculum designed to address the participants' individualized needs and diverse learning styles. Teachers implementing this component must be certified and highly qualified on the basis of State, local, and AMIkids requirements.
 - Treatment. The treatment component is individualized on the basis of each participant's assessments, and research-based mental health and/or substance abuse interventions (e.g., cognitive behavioral therapy, motivational enhancement therapy, functional family therapy, motivational interviewing) are provided to participants, as well as their families. Participants receive group services on a daily basis, and individual and family sessions are provided on a schedule determined by the individualized treatment plan. Staff implementing this component must be licensed mental health professionals or therapists/counselors who are supervised by a licensed mental health professional.
 - Behavior modification. The behavior modification component is designed to develop or strengthen desired prosocial behaviors and eliminate or weaken antisocial behaviors through three techniques using positive reinforcement: a point card system, a token economy, and a rank system. Staff implementing this component must be designated AMIkids Behavior Modification professionals (i.e., those who have completed the AMIkids Behavior Modification System training).
- In studies reviewed for this summary, the AMIkids PGM was implemented in day treatment programs, alternative schools, and juvenile justice programs.

Source: SAMHSA's National Registry of Evidence-based Programs and Practices. (2014, January 28). Correctional Therapeutic Community for Substance Abusers. From <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=338> (accessed September 30, 2015).

- Correctional Therapeutic Community (CTC) for Substance Abusers is an in-prison residential treatment intervention for incarcerated offenders who have histories of multiple drug-involved arrests and chronic substance abuse, are eligible for the in-prison work release program, and are 6 months from prison release. It is designed to reduce any type of rearrest, increase abstinence from illicit drug use, reduce illicit drug use relapse, and increase postrelease employment among participants. The 6-month intervention is provided as part of a work release program in which participants become residents in an in-prison work release therapeutic community facility separated from the rest of the prison population.
- During the first 3 months of CTC for Substance Abusers (i.e., 4–6 months from prison release), residents participate in the first three phases of a five-phase therapeutic community model of treatment for substance abuse:
 - Phase 1 of the treatment model consists of assessment, evaluation, and orientation into a CTC. Each new resident is assigned a primary counselor who conducts a needs assessment.
 - Phase 2 emphasizes the residents' active involvement in the CTC, including such activities as morning meetings, group therapy, one-on-one interaction, confrontation of other residents who are not motivated toward substance abuse recovery, and nurturing of newer residents. Residents begin to address their own issues related to substance abuse and criminal activity in group sessions and during one-on-one interactions.
 - Phase 3 stresses role modeling and overseeing the working of the CTC on a daily basis (with the support and supervision of the clinical staff). So residents develop a strong sense of community, they are organized into a hierarchical structure by roles and job functions, which are associated with strict behavioral expectations and corresponding rewards or sanctions. The rewards or sanctions are applied jointly by staff (many of whom are former offenders or recovering adults who formerly abused substances and act as role models) and residents who act as role models for newer residents.
- During the final 3 months of CTC for Substance Abusers (i.e., the 3 months leading up to prison release), residents are permitted to work in the community as part of the work release program while participating in the last two phases of the treatment model:
 - In phase 4, residents are prepared for gainful employment and participate in mock interviews; attend seminars on job seeking; and receive information on how to dress, prepare a resume, make the best impression on a potential employer, develop relationships with community agencies, and look for ways to further educational or vocational abilities.
 - Phase 5 includes reentry into the community and consists of the residents becoming gainfully employed in the community while continuing to live in the in-prison work release therapeutic community facility and serving as a role model for those in earlier stages of treatment. Also during this phase, residents open a bank account and begin to budget for housing, food, and utilities.

- After prison release, participants are encouraged to enter aftercare treatment programming (e.g., outpatient counseling, group therapy) in a therapeutic community environment, under the supervision of parole or other surveillance program.
- The primary clinical staff members who deliver CTC for Substance Abusers are typically recovering adults who formerly abused substances and who, ideally, also received treatment in a therapeutic community. These staff members are complemented by counselors who have received formal education. All implementing staff must receive intervention-specific training. In addition, implementation requires mutual cooperation, support, and ongoing communication between intervention staff, correctional security personnel, and the prison warden.

Source: SAMHSA's National Registry of Evidence-based Programs and Practices. (2014, January 28). Moral Reconciliation Therapy. From <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=34> (accessed September 30, 2015).

- Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning. Participants meet in groups once or twice weekly and can complete all steps of the MRT program in a minimum of 3 to 6 months.

Source: National Institute of Corrections. (2013). *Evidence-based practices in the criminal justice system: An annotated bibliography*. From <http://nicic.gov/library/026917> (accessed April 12, 2016).

- [This bibliography organizes evidence-based practices in the criminal justice system according to the following eight principles:]
 - [Principles 1 and 3. Assess Risk and Needs and Target Interventions--Risk, Need, Responsivity (RNR), and Dosage;
 - Principle 2. Enhance Motivation to Change;
 - Principle 4. Skill Training with Directed Practice (CBT);
 - Principle 5. Increase Positive Reinforcement (See Incentives and Sanctions/Contingency Management);
 - Principle 6. Engage Ongoing Community Support;
 - Principles 7 & 8. Measure Relevant Processes and Practices and Measurement Feedback.
- [The bibliography covers:] Blueprints Programs; Caseload Size; Evaluated Programs, including Core Correctional Practices (CCP); Incentives and Sanctions/Contingency Management; Juveniles; Pretrial Services; Prisons; Sex Offenders; Specialized

Assessment; Specialty Courts; Supervision by Risk Level; Women Offenders; Training Materials/Presentations; Websites; and Agency Reports.

Role of the Criminal Justice System in Reducing Disparities and Improving Service Delivery

Source: Maurer, M. (2010). Justice for all? Challenging racial disparities in the criminal justice system. *Human Rights*, 37 (4) (Fall). From http://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/fall2010/justice_for_all_challenging_racial_disparities_criminal_justice_system.html (accessed April 12, 2016).

- If we are committed to reducing unwarranted disparities in the system, it will require coordinated efforts among criminal justice leaders, policymakers, and community groups. Following are recommendations for initiatives that can begin to address these issues.
- **Shift the Focus of Drug Policies and Practice**—State and federal policymakers should shift the focus of drug policies in ways that would be more effective in addressing substance abuse and would also reduce racial and ethnic disparities in incarceration. In broad terms, this should incorporate a shift in resources and focus to produce a more appropriate balance between law enforcement strategies and demand reduction approaches emphasizing prevention and treatment. Specific policy initiatives that would support these goals include enhancing public health models of community-based treatment that do not rely on the criminal justice system to provide services; identifying models of drug offender diversion in the court system that effectively target prison-bound defendants; repealing mandatory sentencing laws at the federal and state level to permit judges to impose sentences based on the specifics of the offender and the offense; and expanding substance abuse treatment options in prisons and providing sentence-reduction incentives for successful participation.
- **Provide Equal Access to Justice**—Federal and state policy initiatives can aid in “leveling the playing field” by promoting equal access to justice. Such measures should incorporate adequate support for indigent defense services and provide a broader range and availability of community-based sentencing options. These and similar initiatives clearly involve an expansion of resources in the court system and community. While these will impose additional short-term costs, they can be offset through appropriate reductions in the number and duration of prison sentences, long-term benefits of treatment and job placement services, and positive outcomes achieved by enhancing family and community stability.
- **Adopt Racial Impact Statements to Project Unanticipated Consequences of Criminal Justice Policies**—Just as fiscal and environmental impact statements have become standard processes in many areas of public policy, so too can racial impact statements be used to assess the projected impact of new initiatives prior to their enactment. In 2008, Iowa and Connecticut each enacted such legislation, which calls for policymakers to receive an analysis of the anticipated effect of proposed sentencing legislation on the racial/ethnic composition of the state’s prison population. If a disproportionate effect is projected, this does not preclude the legislative body from enacting the law if it is believed to be necessary for public safety, but it does provide an opportunity for

discussion of racial disparities in such a way that alternative policies can be considered when appropriate.

- **Assess the Racial Impact of Current Criminal Justice Decision Making**—The Justice Integrity Act, first introduced in Congress in 2008, is designed to establish a process whereby any unwarranted disparities in federal prosecution can be analyzed and responded to when appropriate. Under the proposed bill, the attorney general would designate ten U.S. attorney offices as sites in which to set up task forces composed of representatives of the criminal justice system and the community. The task forces would be charged with reviewing and analyzing data on prosecutorial practices and developing initiatives designed to promote the twin goals of maintaining public safety and reducing disparity. Such a process would clearly be applicable to state justice systems as well.

Source: Eaglin, J., & Solomon, D. (2015, June 25). Reducing racial and ethnic disparities in jails: Recommendations for local practice. Brennan Center for Justice and New York University School of Law. From

<https://www.brennancenter.org/sites/default/files/publications/Racial%20Disparities%20Report%20062515.pdf> (accessed November 4, 2015).

- This report identifies changes to local practice to reduce these disparities while protecting public safety. Why focus on localities? Though Roundtable participants universally agreed that reforms to federal, state, and local laws are necessary, they also agreed that changing the daily practices and decisions made at the local level—by police, prosecutors, judges, and parole and probation officers—are imperative to reduce racial disparities. Such changes can be implemented without waiting for legislatures to act.
- Participants also agreed that a systemic over-reliance on jails contributes to the underlying causes that create racial disparities. Accordingly, the recommendations set forth in this report, drawn from the Roundtable discussion, focus both on reducing jail usage and on changing local practices. They include:
 - Limiting the use of pretrial detention to individuals who pose a threat to public safety;
 - Increasing diversion programs for low-level offenses at the arrest, pre-charge, and pretrial phases to reduce the number of people entering jails;
 - Setting specific goals to reduce racial disparities, including incentives to steer decisions and success measures to track progress;
 - Creating cross-departmental task forces to identify drivers of racial disparities and devise strategies to address them;
 - Requiring training to reduce implicit racial bias for all justice system actors—including police, judges, prosecutors, probation officers, parole board members, correctional officers, and court administrators;
 - Encouraging prosecutors to prioritize serious and violent offenses;
 - Increasing public defense representation for misdemeanor offenses;
 - Developing checklists (referred to as “bench cards”) for judges to use in hearings to combat implicit biases in decision making and encourage alternatives to incarceration.

- Each of these concrete recommendations can help decrease disparities. Implemented together, they can work to reduce disparities and unnecessary incarceration across the justice system.

Source: Benedict, A., Ney, B., & Ramirez, R. (n.d.). Gender responsive discipline and sanctions policy guide for women’s facilities. National Resource Center on Justice Involved Women. From <http://cjinvolwedwomen.org/gender-responsive-discipline-and-sanctions-policy-guide-for-womens-facilities-2/> (accessed April 12, 2016).

- The Guide is designed to assist corrections professionals in revising discipline and sanctions policies and practices to more effectively manage women inmates, and create safer facilities for staff and inmates. It builds on a growing body of research and practice that supports an approach to discipline and sanctions tailored to women inmates. It also provides a synopsis of American Correctional Association (ACA) standards, and case law relevant to discipline and sanctions policies and practices for women.
- The Guide was developed specifically for use by executive management teams within women’s facilities that have been charged by the agency/facility leadership to conduct a policy review of discipline and sanctions. However, it can also be used as a resource by other staff, stakeholders, and any individuals who wish to incorporate gender responsive and trauma-informed strategies into their day-to-day work with women inmates.
- Section 2 outlines a suggested step-by-step process that executive management teams can use to conduct a thorough analysis of current policies and practices, and implement revised policies and practices. The steps include:
 - Committing to discipline and sanctions policy and practice changes that are anchored in a gender responsive and trauma-informed perspective;
 - Becoming more familiar with and knowledgeable about the research that supports a gender-responsive and trauma-informed approach to discipline and sanctions (see Appendix);
 - Clarifying the facility’s values and goals for discipline and sanctions;
 - Engaging staff at all levels at all stages of policy review, development and implementation (see Section 2);
 - Gaining a greater understanding of the strengths, challenges and gaps of current policies and practices (see Sections 3 and 4);
 - Developing an implementation plan for revising policies and practices; and
 - Implementing the revised policies and practices and measuring the results.

Source: Hanssens, C., Moodie-Mills, A. C., Ritchie, A. J., Spade, D., & Vaid, U. (2014, May 7). A roadmap for change: Federal policy recommendations for addressing the criminalization of LGBT people and people living with HIV. Center for American Progress. From <https://www.americanprogress.org/issues/ext/2014/05/07/89117/a-roadmap-for-change-federal-policy-recommendations-for-addressing-the-criminalization-of-lgbt-people-and-people-living-with-hiv/> (accessed April 12, 2016).

- Specifically, this publication is intended to: 1) guide federal engagement with federal, state, and local law enforcement agencies, jails, and prisons; 2) inform the implementation of the Prison Rape Elimination Act (PREA); 3) advocate for additional reforms beyond PREA; 4) generate momentum around the LGBT policy priorities that members of this working group have presented to the current Administration over the last four years; 5) highlight and address drivers of criminalization of LGBT people and PLWH [people living with HIV]; and 6) provide analysis that will serve as a resource for policy makers and advocates alike.
- Six key topic areas organize the discussion:
 - Policing and Law Enforcement. In this section, we outline policy reforms that could be implemented by the Department of Justice (DOJ) and other federal government agencies to reduce discriminatory profiling and policing practices, unlawful searches, false arrests and discriminatory targeting of LGBT people and PLWH, and to put an end to the use of condom possession as evidence of intent to engage in prostitution-related offenses or lewd conduct. We also offer recommendations to facilitate the implementation of the new PREA regulations in police lock-ups, and increase safety for LGBT individuals in police custody.
 - Prisons and Detention Centers. Here we propose reforms for DOJ and the Federal Bureau of Prisons (BOP) to address issues associated with incarceration, including and beyond the implementation of the PREA regulations, access to LGBT-inclusive sexual health care (including STI/HIV prevention) and sexual health literacy programs for prisoners, and classification and housing policies.
 - Immigration-related Issues. Here we provide recommendations for Immigration and Customs Enforcement (ICE) and the Department of Homeland Security (DHS) to reduce exclusion, profiling, detention, and deportation of immigrants who are LGBT and/or living with HIV; address conditions of confinement and access to essential general and sexual health care services in immigrant detention centers; ensure adoption of policies within ICE and DHS on LGBT people and PLWH and other serious, chronic health needs in systems; and address administrative discretion regarding applicability of prior criminal convictions in immigration hearings.
 - Criminalization of Youth. A top predictor of adult involvement with the criminal justice system is youth involvement. Here we outline policy solutions that the Department of Education (ED) and DOJ can employ to dismantle the school-to-prison pipeline for LGBT youth, eliminate discrimination in family courts, reduce incarceration of LGBT youth, and ensure that youth have access to LGBT-inclusive sexual health services in juvenile detention facilities.
 - HIV Criminalization. There is still a patchwork of state laws across the country that criminalize PLWH for consensual sex and conduct, such as spitting and biting, that pose no measurable risk of HIV transmission and that do not require evidence of intent to harm for convictions. Most of these laws are serious felonies, and ten of them attach sex offender status to those convicted under them. There are parallel policies in the U.S. armed forces that have resulted in the discharge or incarceration of PLWH in the military. Here we outline measures that are needed to modernize current laws, practices, and policies that criminalize HIV exposure, nondisclosure, and transmission.
 - Drivers of Incarceration. We know that LGBT people and PLWH experience higher rates of homelessness and poverty, lower levels of education, and high

rates of family and community rejection. Here we identify key policy reforms that could be taken up by various federal agencies to address the disparities of LGBT people and PLWH in the criminal justice system, and the consequences of the criminalization these populations currently face.

Vital Roles of Peers in the Recovery of People With Mental or Substance Use Disorders Who Are Incarcerated

Source: SAMHSA. (2015, July 2). Peer support and social inclusion. From <http://www.samhsa.gov/recovery/peer-support-social-inclusion> (accessed April 12, 2016).

- Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience.
- In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.
- Research has shown that peer support facilitates recovery and reduces health care costs.

Source: SAMHSA. (2015, June 5). Core competencies for peer workers. From <http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers> (accessed April 12, 2016).

- Core competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, provide standards for certification, and inform job descriptions and performance evaluations. Work supervisors will be able to use competencies to appraise peer workers' job performance and peers will be able to assess their own work performance and set goals for continued development of these competencies.
- Core competencies are not intended to impose requirements upon people just entering the peer workforce, but rather to provide guidance for the development of initial and on-going training designed to support peer workers' continued competency development.
- These principles of peer support are a synthesis or summary of principles and values that have been described in various documents about peer support.
 - Recovery-oriented: Peer support provides a hopeful framework for the person to envision a meaningful and purposeful life, recognizing that there are multiple pathways to recovery.
 - Person-centered: Peer support is directed by the person participating in peer support service. Peer support is personalized to meet the specific hopes, needs and goals of an individual.
 - Non-coercive: Peer support never involves force and participation in peer support is always voluntary.
 - Relationship-focused: Peer support centers on the affiliation between peers. Characteristics of the relationship are: respectful, empathetic, and mutual.

- Trauma-informed care: Peer support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Source: SAMHSA (personal communication from Dr. David Morrissette, September 8, 2015). Peer services.

- There is a growing recognition of the value of peer services both in incarcerated settings and the reentry process. Sometimes referred to as forensic peers, individuals with a lived experience of mental health and/or substance use disorders and who are trained, can provide much needed support during stressful and critical periods in the lives of people with behavioral health disorders involved in the justice system.
- SAMHSA has conducted two webinar series on the use of peers in collaboration with the Association of State Correctional Administrators (ASCA). Responding to an informal ASCA survey, 14 of 25 states indicated that they are currently using peers to provide support and mentorship in state prisons and many more are interested in developing this resource.
- Reentry is a vulnerable period for those returning from incarceration and can be a turning point to recovery. Responding to a second survey, 20 out of the 38 states use peers for reentry support.

Source: SAMHSA. (2015, May 28). Opening doors to recovery: Addressing the needs of people with serious mental illness in the justice system [webinar]. From <https://nasmhpd.adobeconnect.com/p6220250168/?launcher=false&fcsContent=true&pbMode=normal> (accessed April 12, 2016).

- [This webinar describes a program to help people with mental health problems who have had repeated contact with the criminal justice system. It includes a discussion of the role of peer specialists in the program.]

Source: SAMHSA. (2009, October). What are peer recovery support services? From <http://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454> (accessed April 12, 2016).

- [This document] explains peer recovery support services designed and delivered by people in recovery from alcohol and drug addiction. [It] discusses types of peer support for recovery, the adaptability and value of peer recovery support services, and cross-cutting core principles.

Source: SAMHSA. (2005). *Building a foundation for recovery: A community education guide on establishing Medicaid-funded peer support services and a trained peer workforce*. DHHS Pub. No. (SMA) 05-8089. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

- This guide provides information on establishing Medicaid-funded peer support services and a trained peer support workforce.

Source: Davidson, L., & Rowe, M. (2008, May). Peer support within criminal justice settings: The role of forensic peer specialists. The CMHS National Gains Center. From <http://static1.1.sqspcdn.com/static/f/784909/23284205/1376071906957/ForensicPeerGAINSCenter+1.pdf?token=E08OPKVnwOdGrfzexqUsv33bmOY%3D> (accessed April 12, 2016).

- [This document describes the role of peer specialists in helping those in the criminal justice system who have mental health problems. It also identifies five steps that communities can take to integrate peer specialists into services and supports.]

Source: Miller, L. D. (n.d.). Forensic peer specialists: A workforce for the future. From Source: Miller, L. D. (n.d.). Forensic peer specialists: A workforce for the future. From <http://www2.nami.org/Template.cfm?Section=CIT&Template=/ContentManagement/ContentDisplay.cfm&ContentID=62300> (accessed April 12, 2015).

- [This online article discusses] the Howie the Harp Peer Advocacy Center, [which] has trained mental health consumers to work in human services. The Center's mission is to increase the recruitment, hiring, retention, and integration of peer staff in the workforce. In 2001, the Center started the STARR Program, Steps to a Renewed Reality Forensic Peer Specialist Training Program, the nation's first program to train consumers with histories of incarceration to work in human services. Most of our graduates work as forensic peer specialists in programs providing services to other consumers with histories of incarceration. They work in diversion and reentry programs as well as other agencies providing services to this targeted population.

Source: Baron, R. (2011, June). Forensic peer specialists: An emerging workforce. Center for Behavioral Health Services & Criminal Justice Research, Rutgers University. From http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/forensic_issues/Policy%20Brief.pdf (accessed April 12, 2016).

- [This policy brief provides an overview of peer specialists, their work in mental health, forensic peer specialists, program characteristics (with examples), and future directions for the field.]

Source: Miller, L. D., & Massaro, J. (2008, May). Overcoming legal impediments to hiring forensic peer specialists. The CMHS National GAINS Center. From <http://www.indabook.org/d/Overcoming-Legal-Impediments-to-Hiring-Forensic-Peer.pdf> (accessed April 12, 2016).

- [This document discusses impediments to hiring forensic peer specialist and ways to overcome them.]

Source: Randall, M., & Ligon, K. (2014, August 6). From recidivism to recovery: The case for peer support in Texas correctional facilities. Center for Public Policy Priorities.

- [This document discusses the need for peer support for inmates with mental health problems and the supporting evidence for this practice. It discusses models for peer support in correctional facilities and the design of a program for Texas.]

Source: Bagnall, A. M., South, J., Hulme, C., Woodall, J., Vinnall-Collier, K., Raine, G., et al. (2015). A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health*, 15, 290.

- [This systematic review found that] peer education interventions are effective at reducing risky [behaviors], and that peer support services are acceptable within the prison environment and have a positive effect on recipients, practically or emotionally.
- There is consistent evidence from a large number of studies that being a peer worker is associated with positive health; peer support services are also an acceptable source of help within the prison environment and can have a positive effect on recipients. Research into cost-effectiveness is sparse.

Calls for a Revision of Drug-related Sentencing Laws

Source: The White House (President Barack Obama). (2015, July 14). Fact sheet: Enhancing the fairness and effectiveness of the criminal justice system. From <https://www.whitehouse.gov/the-press-office/2015/07/14/fact-sheet-enhancing-fairness-and-effectiveness-criminal-justice-system> (accessed April 12, 2016).

- This Administration has taken a series of actions to enhance fairness and efficiency at all phases of the criminal justice system and to better address the vicious cycle of poverty, criminality and incarceration that traps too many Americans and weakens too many communities.
- A Smarter and Fairer Approach to Charging and Sentencing: The Department of Justice has instituted a series of reforms to make the federal criminal justice system more fair, more efficient and to place a greater focus on the most serious cases and dangerous offenders.
- In 2010, the President signed the Fair Sentencing Act, bipartisan legislation that eased the disparity in the amounts of powder cocaine and crack cocaine required to trigger certain penalties in the federal system, including rigid mandatory minimum sentences.
- In 2010, then-Attorney General Eric Holder reversed the Department of Justice's previous charging policy—known as the “Ashcroft memo”—that required prosecutors to always charge crimes with the severest possible sentence, and instead instructed that cases should be charged based on the individual circumstances of the offense.
- In August 2013, the Department of Justice launched the “Smart on Crime” initiative, revising its charging policies to avoid triggering excessive mandatory minimums for low-level, nonviolent drug offenders. Since the launch of the initiative, data has shown that prosecutors are being more selective and focusing on more serious cases with a positive impact on prosecutions.

- The Department of Justice encourages judicial districts to adopt “diversion” and drug court programs that prioritize treatment instead of incarceration in order to ease our overburdened prison system and reduce recidivism.

Source: U.S. Department of Justice. (2015, February 17). In milestone for sentencing reform, Attorney General Holder announces record reduction in mandatory minimums against nonviolent drug offenders. From <http://www.justice.gov/opa/pr/milestone-sentencing-reform-attorney-general-holder-announces-record-reduction-mandatory> (accessed April 12, 2016).

- In a major advance for the sentencing reform project that has been one of his signature initiatives, Attorney General Eric Holder on Tuesday announced that federal drug prosecutors have shifted away from seeking mandatory minimums at record rates, while reserving stricter sentences for more serious offenders.
- Speaking at the National Press Club, Attorney General Holder revealed that in the first full year since he imposed reforms to the Justice Department’s charging policies in nonviolent drug trafficking cases, federal prosecutors not only prosecuted fewer such cases overall, but also pursued mandatory minimum sentences at a dramatically lower rate than the year prior. In fact, according to the U.S. Sentencing Commission, in FY2014, federal drug prosecutors pursued mandatory minimums at the lowest rate on record.
- The figures announced Tuesday were compiled by the U.S. Sentencing Commission at the request of the Justice Department to measure the impact of several reforms implemented in 2013 through Attorney General Holder’s “Smart on Crime” initiative. Those reforms—aimed at restoring fairness to the criminal justice system and at confronting the problem of America’s overcrowded prison system—instructed federal prosecutors to exercise greater discretion in selecting drug cases to bring to federal court. The data suggests prosecutors heeded that call, as the overall number of federal drug trafficking cases dropped by six percent in FY2014.
- While the sheer number of drug cases went down, the data also showed that federal prosecutors have prioritized more serious cases. Holder pointed to a rise in the average guideline minimum sentence, from 96 months in FY2013 to 98 months this past year. That suggests the severity of offenses prosecuted in FY2014 was slightly higher.
- Most important of all, Holder said, was the trend observed with respect to mandatory minimums. After several years in a row that saw federal prosecutors pursue such mandatory sentences in roughly two-thirds of drug cases, last year’s rate dropped to one-in-two. The Attorney General said this showed that the department was succeeding in reserving these strict sentences for the worst types of offenders rather than imposing indiscriminately.
- Holder also presented statistics rebutting past criticisms of the “Smart on Crime” initiative. For instance, though some warned that the reduced application of mandatory minimums would remove the incentive for defendants to act as government witnesses, the Sentencing Commission’s data showed that defendants provided cooperation at the same rate as in years past.

Source: Gargano, A. (2015, April 29). Federal sentencing reform can reduce prison crowding and save money. *The Hill*. From <http://thehill.com/blogs/congress-blog/judicial/240340-federal-sentencing-reform-can-reduce-prison-crowding-and-save> (accessed April 12, 2016).

- In recent weeks, officials from Massachusetts to Nebraska have called for mandatory minimum sentencing reform in order to reduce the hundreds of thousands of inmates deluging the criminal justice system. Yet while state-based reform is slowly enacted, 200,000 inmates remain behind bars in overcrowded federal prisons costing millions of dollars each day. Fortunately, one proposed law may change that: the Smarter Sentencing Act.
- Today, the average federal prison is overcrowded by 36 percent. In 2013, the total federal prison system had a capacity rated to hold 132,221 inmates, yet there were 176,484 inmates behind federal bars that year. In some correctional institutions, the inmate population has been 50 percent over the rated capacity.
- The reason for this overcrowding is in part due to drug laws, and more specifically, mandatory minimum sentencing laws. While initially intended to deter drug use with harsh sentences, mandatory minimums have instead led to a surge of non-violent drug offenders locked in federal penitentiaries without any possibility to negotiate their sentencing.
- Drug offenders are now given prison time as part of their sentences at much higher rates than prior to 1986, when Congress established mandatory minimum drug sentences. Moreover, the length of time drug offenders spend in prison has largely increased—drug offenders in federal prison in 2013 were facing an average sentence of 11 years (at a cost of \$79 per day for each inmate).
- In 2013, more people were admitted to federal prison under drug charges than for any other crime. In fact, nearly half of all current federal prisoners are serving sentences for drug crimes. A main reason for this is because mandatory minimums result in more guilty convictions by shifting discretion from judges to prosecutors. On top of this, drug laws are filled with disparities that result in inordinate convictions.
- Take, for example, the sentencing established for drug offenders found guilty of cocaine possession. While the only difference between crack and powdered cocaine is a bit of baking soda and the method of ingestion, the Controlled Substances Act mandates a minimum five-year sentence for the possession of 28 grams of crack cocaine, whereas 500 grams of powdered cocaine is needed for the same sentence to be imposed. Prior to the Fair Sentencing Act of 2010, this sentencing ratio was 100-to-one.
- Not only is there a disparity in cocaine sentencing, there is also a discrepancy in arrests. A recent study by researchers at New York University [found](#) that crack cocaine users, who tend to be of lower socioeconomic status than powdered cocaine users, are at a much “higher risk” of arrest. What’s most troubling is that three-quarters fewer people use crack cocaine compared to powdered cocaine.
- While reducing the discrepancy in arrests is clearly a law enforcement issue, resolving the sentencing disparity which has contributed to prison overcrowding can be easily achieved by amending drug laws with legislation that is currently under consideration.
- The Smarter Sentencing Act of 2015 would cut in half most of the non-violent mandatory minimums for drugs, resulting in fewer people in prison for a fewer number of years. Moreover, it would make the Fair Sentencing Act retroactive so that 8,829 drug offenders would be eligible for resentencing. Overall, the bill would save 224,887 federal prison beds by 2023.

- Further, in response to a Freedom of Information Act request made by Firedoglake, the Department of Justice last year estimated that the Smarter Sentencing Act, if passed, would save \$24 billion over 20 years.
- However, if mandatory minimum sentencing reform is not passed, and the prison population continues to rise as expected, the federal government will need to build 16 more prisons at \$350 million each in order to maintain the 36 percent overcrowding rate through 2023.
- It's clear that mandatory minimums contribute to overcrowding the justice system and they are inordinately expensive, but the Smarter Sentencing Act has the potential to bring considerable benefits almost immediately. Nearly two-thirds of Americans feel that a move away from mandatory minimums is a smart decision. It's clear that the time has come for legislation aimed at reforming these laws to be passed.

New Sentencing Approach—Breaking Down Barriers to Equality of Sentencing

Source: McCray, R. (2015, August 3). 5 years later, here are 5 ways the Fair Sentencing Act changed the War on Drugs. Takepart. From <http://www.takepart.com/article/2015/08/03/fair-sentencing-act-anniversary> (accessed April 12, 2016).

- Presidential candidates, celebrities, and billionaires have recently been trumpeting the need for criminal justice reform in the U.S., but five years ago today—when the movement for reform had far fewer big-ticket proponents—President Barack Obama signed a landmark law to change drug sentencing laws. The Fair Sentencing Act reduced the massive disparity between sentences handed down to crack cocaine and powder cocaine offenders, and in the years since its implementation, the number of federal prosecutions of crack cocaine offenders has been cut in half.
- Even though crack and powder cocaine are by-products of the same drug, prior to the Fair Sentencing Act an individual caught with 5 grams of crack would face a 10-year sentence, while it would take 500 grams of powder cocaine to trigger the same mandatory minimum sentence. Under the act, that gap was reduced from 100 to 1 to 18 to 1—meaning crack cocaine sentences are now 18 times harsher than powder cocaine sentences rather than 100 times.
- Perhaps what was most harmful about the disparity was the way it perpetuated racial disparities in sentencing, landing more black Americans behind bars for crack possession. Driven by a rise in crack cocaine use in the 1980s—owing largely to its lower price—poor black communities were hardest hit by federal crack laws. In 2010, 79 percent of sentenced crack offenders were black, in spite of research that indicates two-thirds of all crack users were white or Hispanic.
- Here are five things to know about the Fair Sentencing Act on its fifth birthday.
 1. **Crack cocaine use continued to drop after the law was passed.** Beginning in 2008, the National Survey on Drug Use and Health began observing a decline in the use of crack. In spite of the fears of some opponents of the Fair Sentencing Act, crack use has continued to wane since the act's passage in 2010, the survey found. In 2010, 1 percent of the survey's respondents had used crack cocaine; in 2013, 0.3 percent reported using crack.
 2. **Thousands of people are still serving long sentences in federal prisons for crack cocaine offenses.** Many offenders sentenced before 2010 haven't gained relief from the passage of the Fair Sentencing Act. In 2012, a U.S. Supreme Court

opinion established that those who committed crimes before 2010 but were sentenced after the law passed were eligible to be resentenced. Advocates continue to push for retroactive application of the law, arguing that if Congress and the president agree the prior sentencing scheme was unfair, crack offenders should be able to have their cases revisited rather than languish in prison.

3. **Since the enactment of the Fair Sentencing Act, half as many crack cocaine offenders have been sentenced.** The number of people sentenced for crack cocaine offenses has declined steeply since 2010, a report published Monday by the U.S. Sentencing Commission found. While 4,730 people were sentenced for crack offenses in 2010, just 2,366 were sentenced in 2014.
4. **Taxpayers would save hundreds of millions of dollars if the Fair Sentencing Act were made retroactive.** The Smarter Sentencing Act, a criminal justice reform bill that has yet to receive congressional approval, would allow 8,800 federal crack cocaine offenders—83 percent of whom are black—to have their cases revisited to seek sentences that align with the Fair Sentencing Act. Housing a federal inmate costs nearly \$29,000 per year—a cost that would be cut if thousands of those inmates' sentences were reduced.
5. **President Obama's clemency efforts have included numerous crack cocaine offenders.** In early July, Obama commuted the sentences of 46 federal prisoners, most of whom were nonviolent drug offenders. He has commuted the sentences of nearly 90 prisoners, many of whom were crack offenders.

Source: American Bar Association. (2015). Federal sentencing reform. From http://www.americanbar.org/advocacy/governmental_legislative_work/priorities_policy/criminal_justice_system_improvements/federalsentencingreform.html (accessed April 12, 2016).

- Over the last 30 years the United States has come to rely on its criminal justice system and lengthy prison terms more than any other nation. With just 5% of the world's population, the U.S. holds nearly a quarter of the world's prisoners, including one-third of all women incarcerated worldwide. Over-reliance on prison is fiscally unsustainable and has imposed a burdensome human toll and a disparate impact on African-American and Latino persons and communities.
- The federal prison population has increased nearly 800% since 1980 and more than doubled since 1994, with spending up 1700% over that period, and federal prisons are currently operating at 131% of capacity. This is due in significant degree to the proliferation of mandatory minimum sentences. Nearly half of all federal prisoners are serving sentences for nonviolent drug crimes.
- There is consensus across the political spectrum that our criminal justice system is out of balance and in need of significant reform. Many states have enacted bipartisan "smart-on-crime" reforms that achieve significant cost savings and reduce crime.
- A bipartisan group of senators led by Senate Judiciary Committee Chairman Chuck Grassley (R-IA) and Dick Durbin (D-IL) on October 1, 2015 introduced comprehensive legislation aimed at recalibrating prison sentences for certain drug offenders, narrowing mandatory minimum sentences to target violent criminals, and granting judges greater discretion at sentencing for lower-level drug crimes. The package also seeks to curb recidivism by helping prisoners successfully reenter society. *S. 2123*, the *Sentencing Reform and Corrections Act of 2015* (SRCA), is also sponsored by Senators John Cornyn

- (R-TX), Sheldon Whitehouse (D-RI), Mike Lee (R-UT), Charles Schumer (D-NY), Lindsey Graham (R-SC), Patrick Leahy (D-Vt.), Cory Booker (D-N.J.) and Tim Scott (R-SC).
- The SRCA bill narrows the scope of mandatory minimum prison sentences to focus on the most serious drug offenders and violent criminals, while broadening the authority of federal judges to sentence below set mandatory minimums for individuals with criminal histories that do not include serious drug or violent offenses. The bill also makes retroactive the Fair Sentencing Act and certain statutory reforms that address inequities in drug sentences, a provision that would make an estimated 6,500 federal prisoners sentenced prior to the change in law eligible to petition for sentence reduction.
 - In addition to reducing prison terms for certain offenders through sentencing reform, the bill includes provisions from the prison reform *CORRECTIONS Act* introduced by Senators Cornyn and Whitehouse. These provisions would allow qualifying inmates to earn reduced sentences through participation in recidivism reduction prison programs including work, job training, drug treatment and faith-based activities.
 - The legislation also includes provisions to ban solitary confinement for juveniles, allows juveniles sentenced to life to seek a reduction in sentences after 20 years, and provides authority for expungement of juvenile records for most non-violent offenses.
 - The ABA urges House and Senate members to cosponsor or support the Smarter Sentencing Act and to support strong sentencing reform provisions in any comprehensive reform package.

Role of Specialty Courts—Mental Health Courts and Drug Courts—in Promoting Recovery Among People With Mental or Substance Use Disorders Who Are Involved in the Criminal Justice System

Source: SAMHSA. (2015, August 27). SAMHSA’s efforts on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> (accessed April 12, 2016).

- The Teen Court Program focuses on preventing juvenile crime by diverting youth with substance use treatment needs from deeper immersion in the traditional juvenile justice system to teen courts. SAMHSA’s Teen Court program provides substance use treatment services and related recovery support services to youth with substance use or co-occurring treatment needs. Teen courts are peer-run courts where youth sentence their peers for minor delinquent and status offenses and other problem behaviors, providing positive alternative sanctions for first-time offenders. Expected outcomes from this program include reduced substance use and criminal activity, improved health and better quality of life, and increased productivity.
- Adult Treatment Drug Courts expand and/or enhance substance abuse treatment services (screening, assessment, case management, recovery support services) in existing adult and family “problem solving” courts, which use the treatment drug court model with defendants/offenders. Adult drug court models include drug courts serving adults, tribal healing-to-wellness courts, driving-while-intoxicated/driving-under-the-influence courts, co-occurring drug and mental health courts, veterans’ courts, and municipal courts that use the problem-solving model. The program provides a coordinated, multi-system approach designed to combine the sanctioning power of

- treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties.
- The Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment (DOJ/BJA) aims to expand and/or enhance the drug court capacity of states, localities, and tribes to reduce crime and substance abuse among high risk/high need offenders. This evidence-based approach includes the key elements of judicially supervised treatment, drug testing, community supervision, appropriate sanctions, and recovery support services. This grant program serves high risk/high need populations diagnosed with substance dependence or addiction to alcohol/other drugs and identified as needing immediate treatment. The program also provides services for co-morbid conditions, such as mental health problems.
 - [Adult Tribal Healing to Wellness Courts Program](#) provides resources for tribal courts to divert American Indians and Alaska Natives with substance use and co-occurring mental health disorders away from the criminal justice system and into behavioral health treatment.
 - The [Juvenile Treatment Drug Court Program](#) diverts young people from juvenile detention to community-based behavioral health treatment, with the goal of treatment and recovery and prevention of deeper involvement with juvenile and criminal justice systems.
 - Reclaiming Futures is a jointly funded program among SAMHSA, the Department of Justice's (DOJ) Office of Juvenile Justice and Delinquency Prevention, and the Robert Wood Johnson Foundation. This is an intensive youth diversion and community integration program. SAMHSA's role within this initiative is the provision of behavioral health services for the youth in treatment drug courts.
 - A [Juvenile Mental Health Treatment Courts Database](#), maintained by the SAMHSA GAINS Center, provides resources for case management and support for youth with behavioral health needs in the juvenile justice system. Juvenile courts focus on treatment and rehabilitation and help divert youth from juvenile detention facilities to community-based services in their local systems of care.
 - The [Adult Mental Health Treatment Courts Database](#), also maintained by the SAMHSA GAINS Center, provides a roster of mental health courts in the United States. It includes:
 - The location of each mental health court
 - The year established
 - Target participants
 - Approximate annual enrollments or total enrollments
 - Contact information

Source: SAMHSA. (2015, August 19). Mental health treatment court locators. From <http://www.samhsa.gov/gains-center/mental-health-treatment-court-locators> (accessed April 12, 2016).

- Mental health courts for adults and juveniles work with people with mental illnesses who are involved in the justice system. These courts connect people to effective treatment and support after they undergo screening and assessments. Adult and juvenile mental health courts have some similarities, but juvenile mental health courts focus on treatment and rehabilitation, and help divert youth from detention facilities to

common-based services. More specifically, juvenile mental health courts address issues such as involving families and schools in treatment.

Source: National Institute of Justice. (2015, March 16). Drug courts. Retrieved from <http://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx> (accessed April 12, 2016).

- In 2014, there were an estimated 3,416 drug courts operating in the United States, including 1,538 adult drug courts and 36 co-occurring courts.

Source: Goodale, G., Callahan, L., & Steadman, H. J. (2013). Law and psychiatry: What can we say about mental health courts today? *Psychiatric Services, 64*, 298–300. doi: 10.1176/appi.ps.201300049

- There are an estimated 346 adult mental health courts operating in the United States.

Source: Huddleston, W., & Marlowe, D. B. (2011). *Painting the current picture: A national report on drug courts and other problem-solving court programs in the United States*. Alexandria, VA: National Drug Court Institute. From <http://www.ndci.org/publications/painting-current-picture> (accessed April 12, 2016).

- Many other types of specialty or problem-solving courts have developed based on the success of the drug court model. In addition to drug and mental health courts, and their various subtypes (e.g., family drug court, juvenile mental health court), there were also reentry courts, gun courts, community courts, domestic violence courts, prostitution courts, parole violation courts, homeless courts, truancy courts, child support courts, and gambling courts. People with behavioral health issues often present in these courts, however, their behavioral health issues are not a primary area of focus or concern depending on the capacity of the court.

Behavioral Health Treatment Court Collaboratives Program

Source: SAMHSA. (2015, August 19). Behavioral Health Treatment Court Collaboratives (BHTCC). From <http://www.samhsa.gov/gains-center/grants-grantees/behavioral-health-treatment-court-collaboratives> (accessed April 12, 2016).

- BHTCC helps adults with mental and/or substance use disorders involved with the criminal justice system by supporting collaboration between courts and community-based providers.
- The BHTCC initiative was launched to address the behavioral health needs of adults involved in the justice system by coordinating efforts between courts, other criminal justice agencies, and community-based providers of treatment or recovery support services. Courts participating in a collaborative include:
 - Drug courts
 - Driving Under the Influence (DUI)/Driving While Intoxicated (DWI) courts
 - Mental health courts
 - Behavioral health courts
 - Veterans treatment courts

- Tribal courts
- The court collaboratives are expected to engage individuals at various points of contact with court systems, including the point of initial contact with municipal courts.
- Individuals who have behavioral health needs and who are in contact with the justice system have multiple, complex needs, including higher-than-average rates of trauma and chronic medical conditions. The court collaboratives coordinate programming to best serve individuals who are going through the court system. Programming includes expanded access to critical mental health, substance use, and trauma-specific treatment services and recovery support. Court systems throughout the United States have responded by developing specialized programs such as drug courts, mental health courts, and veterans' treatment courts.
- In addition to expanding access to behavioral health services, the court collaboratives are responsible for significant infrastructure-building activities. Streamlined screening and assessment, enrollment, monitoring, and supervision practices are coordinated across the courts in each collaborative. The court collaboratives also serve to build the leadership qualities of staff and to implement trauma-informed court and supervision procedures.

Affordable Care Act (ACA) Improving Services for Criminal Justice Populations

Source: Healthcare.gov. (n.d.). Incarcerated people. From <https://www.healthcare.gov/incarcerated-people/> (accessed April 12, 2016).

- [This website explains how people can obtain healthcare coverage after release from incarceration.]

Source: U.S. Department of Justice. (2014, April 17). Reentry and the Affordable Care Act [post from Associate Attorney General Tony West]. From <http://www.justice.gov/opa/blog/reentry-and-affordable-care-act> (accessed April 12, 2016).

- The Affordable Care Act holds the promise of expanding health care coverage to uninsured Americans, and potentially opens Medicaid enrollment to some 15 million low-income adults, including the millions of individuals who come into contact with our criminal justice system, of whom upwards of 90 percent are uninsured.
- We know that the incarcerated population carries substantially higher rates of medical, psychiatric and substance abuse problems than the general population. Rates of communicable diseases are higher among inmates; an estimated 39 to 43 percent suffer from one or more chronic health conditions; and men and women in this population suffer three times the rate of mental illness and four times the rate of substance abuse problems as compared to the general public.
- We know that health care coverage and access to adequate health services can decrease the risk of individuals becoming involved with the criminal justice system in the first place. Moreover, when individuals do come into contact with the justice system, we can dramatically improve the odds for successful reentry if we address their health and mental health needs once they enter correctional facilities and ensure continuity of care once they leave. The Affordable Care Act, primarily through its

Medicaid expansion provisions and parity for mental health and substance abuse treatment, provides us with this unique opportunity to reduce recidivism while improving public health. Access to these benefits can be a critical factor in the success or failure of incarcerated persons upon their release.

- Much of the work being done by the Federal Interagency Reentry Council, which is chaired by the Attorney General, focuses on reducing the collateral consequences of incarceration and increasing access to employment, treatment and civic participation. With our Reentry Council partners at the Department of Health and Human Services, we are jointly supporting a three-year pilot project to test the efficacy of enrolling prison and jail inmates in Medicaid prior to release, and we're tracking usage, employment and recidivism outcomes along the way.
- At the Department of Justice, we will require halfway houses in the federal system—known as residential reentry centers (RRCs)—to offer standardized treatment to prisoners with mental health and substance abuse issues. Once fully-implemented, these services will be available to the approximately 30,000 inmates who are released through halfway houses each year, helping to promote consistency and continuity of care between federal prisons and community-based facilities.
- This month, our Office of Justice Programs' Bureau of Justice Assistance released a new solicitation requesting proposals to help states and local jurisdictions maximize Medicaid and marketplace resources on behalf of justice-involved individuals. We are looking for innovative ideas to aid in all aspects of health care planning, from diversion alternatives and intake screening at the front-end, to reentry programs at the back end. We want to be able to provide in-depth assistance to select jurisdictions on implementation of the Affordable Care Act, as well as policy guidance for all states and localities.

Source: Council of State Governments Justice Center. (n.d.). Health policy reforms and the criminal justice system. From <https://csgjusticecenter.org/reentry/issue-areas/health/health-policy/> (accessed April 12, 2016).

- Regardless of whether a state expands its Medicaid program or not, all states will be required to offer subsidized insurance plans through online health insurance marketplaces known as health insurance exchanges to individuals with incomes between 100 and 400 percent of the federal poverty level (\$11,490 to \$45,960 for a single adult in 2013), who are also not eligible for Medicaid or employer-sponsored coverage. For individuals with incomes below 100 percent of the federal poverty level, no new assistance will be available in states that do not expand Medicaid.

Community Benefits From Alternatives to Incarceration

Source: The White House Office of National Drug Control Policy. (n.d.). Alternatives to incarceration. From <https://www.whitehouse.gov/ondcp/alternatives-to-incarceration> (accessed April 12, 2016).

- Federal, state, and local leaders are looking for innovative ways to improve public health and public safety outcomes, while reducing the costs of criminal justice and corrections.

A number of innovative strategies can save public funds and improve public health by keeping low-risk, non-violent, drug-involved offenders out of prison or jail, while still holding them accountable and ensuring the safety of our communities.

- The Obama Administration is committed to funding and evaluating the long-term effects of these innovative criminal justice and corrections interventions. Meanwhile, Federal agencies will continue to seek opportunities to expand smart probation and problem-solving court initiatives around the country in collaboration with state, local, and tribal agencies. In recognition of the considerable potential in cost savings, improved outcomes for offenders, and improved public safety, a growing number of state and local officials around the country are starting their own promising initiatives to break the cycle of drug use, crime, and incarceration.

Source: Cloud, D., & Davis, C. (2013, February). Treatment alternatives to incarceration for people with mental health needs in the criminal justice system: The cost-savings implications. The Vera Institute of Justice. From <http://www.vera.org/sites/default/files/resources/downloads/treatment-alternatives-to-incarceration.pdf> (accessed April 12, 2016).

- The disproportionate number of people with behavioral health disorders involved in the criminal justice system puts a tremendous strain on scarce public resources and has a huge impact on health care and criminal justice budgets. However, with appropriate treatment and access to community-based services, this population is less likely to be incarcerated and more likely to lead healthy, productive lives, resulting in substantial costs savings.
- Local governments are employing a range of programs that involve partnerships between community health and justice systems. These programs are proving to be effective approaches to appropriately addressing the high rate of serious mental illness among incarcerated populations—thereby improving health and justice while saving money.

Source: The United Nations. (2006). *Alternatives to incarceration: Custodial and non-custodial measures*. United Nations Office on Drugs and Crime, Vienna.

- [This document discusses the need to implement alternatives to incarceration globally.]
- Prison populations around the world are increasing, placing enormous financial burdens on governments. In the meantime, there is growing recognition that imprisonment does not achieve some of its most important stated objectives, as well as being harmful—to offenders, to their families and in the long-term, to the community.
- The majority of prisoners worldwide come from economically and socially disadvantaged backgrounds. Poverty, unemployment, lack of housing, broken families, histories of psychological problems and mental illness, drug and alcohol abuse, domestic violence are realities that are likely to be found in most offenders' lives. Many are in prison for non-violent or minor offences. By using prison as an answer to all offences committed by such individuals, not only is the issue of safety in the community not addressed in any sustainable manner, the cycle of impoverishment, loss of jobs, weakening of employment chances, damage to relationships, worsening of

psychological and mental illnesses and continued or increased drug use is perpetuated. There are also many health risks associated with overcrowded prisons, including the spread of infectious disease, such as tuberculosis and HIV. In many countries violence is a common element of prison life, especially where there is overcrowding.

- In this context it is important to emphasize that alternatives on their own will have relatively little effect on the size of the prison population. In order to meet the objective of reducing the number of prisoners, comprehensive reform of criminal legislation needs to be undertaken and sentencing practices need to be changed. Measures that can be introduced include decriminalizing certain acts, providing shorter terms of imprisonment for selected offences, in addition to introducing a wide range of non-custodial sentences as an alternative to prison and widening possibilities for parole (conditional release).
- However, the goal of introducing alternatives to prison is not only to address the problem of overcrowding in prisons. The wider use of alternatives reflects a fundamental change in the approach to crime, offenders and their place in society, changing the focus of penitentiary measures from punishment and isolation, to restorative justice and reintegration. When accompanied by adequate support for offenders, it assists some of the most vulnerable members of society to lead a life without having to relapse back into criminal behaviour patterns. Thus, the implementation of penal sanctions within the community, rather than through a process of isolation from it, offers in the long-term better protection for society.

Source: Austin, J., Johnson, K. D., & Weitzer, R. (2005). Alternatives to the secure detention and confinement of juvenile offenders. OJJDP Juvenile Justice Practices Series, *Bulletin*. (NCJ 208804). U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. From

<http://www.ojjdp.gov/Publications/PubAbstract.asp?pubi=208804&ti=2&si=5&kw=&strItem=&trSingleItem=&p=topic&PreviousPage=SearchResults> (accessed April 12, 2016).

- [This document] recommends developing objective, valid, and reliable tools to make placement decisions among alternative programs and expanding the existing range of alternatives for juvenile offenders. According to this Juvenile Justice Practice Series *Bulletin*, secure detention and confinement should be an option of last resort only for serious, violent, and chronic offenders and for those who repeatedly fail to appear for scheduled court dates and are almost never appropriate for status offenders and certain other small groups of offenders. It is the large group of offenders who fall in the middle in terms of the seriousness of their crimes that prove challenging to the juvenile justice system.

Source: Huddleston, W. (2009, October 22). Drug courts are the most sensible and proven alternative to incarceration: So what's the problem? National Association of Drug Court Professionals. From

<http://www.nadcp.org/Drug%20Courts%20Are%20the%20Most%20Sensible%20and%20Proven%20Alternative%20to%20Incarceration> (accessed April 12, 2016).

- The scientific community has put Drug Courts under a microscope and concluded that Drug Courts work better than jail or prison, better than probation, and better than treatment alone.
- The research is unequivocal: Drug Courts significantly reduce drug abuse and crime and do so at less expense than any other justice strategy; and according to rigorous and replicated studies conducted by the University of Pennsylvania, the more serious the offender's drug addiction and length of criminal record, the better Drug Courts work. Drug Courts are not for the [first] time or the non-addicted offender. Those individuals will do just as well by diverting them to a disposition that leads to record expungement upon successful completion of court conditions. Drug Courts focus on high-value offenders; those who have the highest need for treatment and other wrap-around services, and who have the highest risk of failing out of those services without support and structure.
- The most conservative estimates by researchers show that for every 1.00 invested in Drug Court, \$3.36 are saved by the justice system and up to \$12.00 (per \$1 investment) are saved by the community on reduced emergency room visits and other medical care, foster care, and property loss.

Source: Justice Policy Institute. (2009, May 19). New reports highlight economic benefits of alternatives to incarceration. From <http://www.justicepolicy.org/news/1929> (accessed April 12, 2016).

- States could improve public safety and save millions of dollars by investing in community-based alternatives, according to two new research briefs released today by the Justice Policy Institute (JPI). With states facing serious budgetary constraints, these reports offer policymakers more effective juvenile and criminal justice frameworks to guide them in making difficult budget decisions.
- *[The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense](#)* finds that states spend about \$5.7 billion each year imprisoning youth, even though the majority are held for nonviolent offenses. The brief concludes that most youth could be managed safely in the community through alternatives that cost substantially less than incarceration and could lower recidivism by up to 22 percent. These alternatives are also more cost-effective in reducing crime than incarceration, yielding up to \$13 in benefits for every dollar spent.

According to *[Pruning Prisons: How Cutting Corrections Can Save Money and Protect Public Safety](#)*, similar benefits can be found in the adult system through investments in treatment and parole services. States could save a combined \$4.1 billion by increasing the availability of parole by shifting 10 percent of the prison population into the parole system, and improving parole support and services so that fewer people are returned to prison for technical (rule) violations. Additionally, the report finds that community-based drug treatment provides bigger crime reduction returns than prison—for every dollar spent on drug treatment in the community, the state receives \$18 in benefits.

- The Justice Policy Institute recommends the following changes to improve public safety and save money:
 - States and the federal government should re-examine policies that drive increases in incarceration, such as recommitment for technical violations of

- parole conditions, and incarceration for low-level drug offenses and many nonviolent offenses. Non-incarcerative, community-based alternatives should be explored.
- States and the federal government should implement policies that can safely increase releases from prison through parole and other community-based programs.
 - As closing prisons realizes the largest financial savings, policymakers should scale their reforms to enable the closure of a facility or, at a minimum, a wing or other discrete portion of a facility.
 - To achieve long-term public safety gains, money saved on incarceration should be invested in community-based services that improve both public safety and the life outcomes of individuals, and in social institutions that build strong communities, including education, employment training, housing, and treatment.
- Other recommendations to improve the juvenile justice system include:
 - Incentivize counties to send fewer youth to residential care facilities by shifting the fiscal architecture of the state juvenile justice system to reward increased utilization of community-based options.
 - Invest in intermediate interventions, not secure facilities that don't improve public safety and interfere with youth development and the chances of future success.
 - Invest in proven approaches to reduce crime and recidivism among young people.
 - Fund evaluations of effective programs and policies in juvenile justice, and support the development of new and different approaches to reduce delinquency and recidivism among young people.

Source: The White House Office of National Drug Control Policy. (2011, August). Alternatives to incarceration: A smart approach to breaking the cycle of drug use and crime. From https://www.whitehouse.gov/sites/default/files/page/files/alternatives_to_incarceration_fact_sheet_10-13-11.pdf (accessed April 12, 2016).

- Federal, state, and local leaders are looking for innovative ways to improve public health and public safety outcomes while reducing the costs of criminal justice and corrections. The Administration's National Drug Control Strategy recognizes that addiction is a disease, and that the criminal justice system can play a vital role in reducing the costs and consequences of crimes committed by drug-involved offenders. With an increasing body of evidence suggesting the right combination of policies and strategies can break the cycle of arrest, incarceration, release, and rearrest, the Strategy promotes several alternatives to incarceration that can save public funds and improve public health by keeping low-risk, non-violent, drug-involved offenders out of prison or jail, while still holding them accountable and ensuring the public safety of our communities.
- Smart Probation Strategies—Probation officers often find themselves with large, unmanageable caseloads, while judges are forced to choose between sending repeat offenders away for long periods of time or ignoring probation or parole violations altogether. “Smart” justice systems now offer better, cheaper, and more effective options. More states and localities are implementing strategies to improve outcomes and reduce the burden of drug-involved offenders on their criminal justice and

corrections systems. These innovative new programs include Alaska’s Probationer Accountability with Certain Enforcement (PACE), Delaware’s “Decide Your Time,” and Arizona’s “Swift, Accountable, Fair Enforcement” (SAFE) program.

- Drug Courts—Operating in the U.S. for over 20 years, drug courts combine treatment with incentives and escalating sanctions, mandatory and random drug testing, and aftercare, to reduce substance use and prevent crime among participants. These courts provide an intensive intervention that is well-suited for high-risk/high-need offenders, effectively meeting the public health and public safety needs of both the community and the drug-involved offender. In times of serious budget cuts for state and local governments, drug courts are another cost-effective investment that helps offenders on the road to recovery and reduce costs associated with incarceration and recidivism. With more than 2,600 drug courts in operation today, approximately 120,000 Americans annually receive the help they need to break the cycle of addiction and recidivism.

Panel 3: Community Re-entry: A Critical Opportunity for Recovery Support

Key Questions:

1. Why is re-entry into the community after incarceration such an important issue?
2. As a society, can we secure the types of support that people re-entering the community will need to remain outside of the criminal justice system? What is the Second Chance Act?
3. Given that more people need treatment than receive it, what are the plans for helping those who have been released obtain behavioral health services, housing, and educational and job opportunities? Who is involved in these efforts?
4. What are some new approaches to re-entry for adults? What are some new approaches to re-entry for youth?
5. How can the system better respond to women, veterans, youth, and members of diverse communities who have just been released?
6. How can services that support health, employment training, or, education help promote recovery for people with mental or substance use disorders who have just been released?
7. How do peers play a vital role in the recovery of people with mental or substance use disorders who are re-entering the broader society?
8. How can families play a role in successful community re-entry?

Re-entry Into the Community as a Critical Opportunity To Support Recovery

Source: Bureau of Justice Assistance. (n.d.). What Is reentry? From <https://www.bja.gov/evaluation/program-corrections/reentry1.htm> (accessed April 12, 2016).

- Reentry refers to the transition of offenders from prisons or jails back into the community. According to the U.S. Department of Justice, Office of Justice Programs more than 650,000 people are released from state and federal prisons annually. An even greater number is released from local jails.
- The number of offenders and the likelihood of their reincarceration have made reentry a priority for policy makers and criminal justice researchers and practitioners. Breaking the cycle of reoffending and re-incarceration has many important implications for public safety and policy.
- Some recent reentry strategies employ comprehensive strategies focus on assessing offenders and tailoring reentry plans to individual offenders to enable them to become productive and law-abiding.
- Increasingly, reentry begins at the sentencing phase and continues post-release, with a particular focus on the continuity of care from prison to the community. It often involves a variety of agencies and groups that coordinate efforts to ensure that offenders receive needed services and appropriate levels of supervision.

Source: Cooper, A. D., Durose, M. R., & Snyder, H. N. (2014, April 22). Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010. Bureau of Justice Statistics. From <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4986> (accessed April 12, 2016).

Among state prisoners released in 30 states in 2005—

- About two-thirds (67.8%) of released prisoners were arrested for a new crime within 3 years, and three-quarters (76.6%) were arrested within 5 years.
- More than a third (36.8%) of all prisoners who were arrested within 5 years of release were arrested within the first 6 months after release, with more than half (56.7%) arrested by the end of the first year.
- Within 5 years of release, 82.1% of property offenders were arrested for a new crime, compared to 76.9% of drug offenders, 73.6% of public order offenders, and 71.3% of violent offenders.
- Within 5 years of release, 84.1% of inmates who were age 24 or younger at release were arrested, compared to 78.6% of inmates ages 25 to 39 and 69.2% of those age 40 or older.

Source: SAMHSA. (2015, August 27). SAMHSA's efforts on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> (accessed April 12, 2016).

- Individuals with mental and/or substance use disorders involved with the criminal justice system can face many obstacles accessing quality behavioral health services. Too often, many return to drug use, criminal behavior, or homelessness upon reentry into society. Those with mental and/or substance use disorders have even greater challenges, and many end up cycling back through the system. The Office of National Drug Control Policy reports:
 - More than 40% of offenders return to state prison within 3 years of their release
 - 75% of men and 83% of women returning to state prison report using illegal drugs

Source: SAMHSA. (2015, June 15). Criminal and juvenile justice. From <http://www.samhsa.gov/criminal-juvenile-justice> (accessed April 12, 2016).

- Upon release from incarceration, individuals with behavioral health issues face many barriers to successful reentry into the community, such as lack of health care, job skills, education, and stable housing, and poor connection with community behavioral health providers, which may jeopardize their recovery and increase their probability of relapse and re-arrest.
- Individuals leaving correctional facilities often have lengthy waiting periods before attaining benefits and receiving services in the community. Progress has been made in some state correctional systems, which now suspend rather than terminate benefits such as Medicaid or Social Security, while individuals are incarcerated, and then immediately restart their benefits post-release. However, waiting periods and termination of benefits have devastating effects on the lives of offenders who need to connect with treatment providers to maximize the likelihood of recovery and prevent re-incarceration.
- These barriers are especially challenging for minority groups, which rank highest among the uninsured and are disproportionately represented in the criminal and juvenile justice systems.

Securing the Support Needed for Re-entry

Source: U.S. Department of Labor. (2015, March 24). \$27M in grants to help incarcerated individuals in prison work-release find stable jobs, strengthen underserved communities. From <http://www.dol.gov/opa/media/press/eta/ETA20150498.htm> (accessed April 12, 2016).

- Returning home from prison can be hard, particularly without the benefits of a stable job. Without employment, the likelihood of recidivism rises. To provide the support, training and assistance needed to find and keep a good job, the U.S. Labor Department today announced a \$27 million Training to Work—Adult Reentry grant program—to help thousands of soon-to-be-released inmates become productive citizens.
- Training to Work grants will fund sustainable efforts to develop and adopt career pathway models—an approach designed to link and coordinate education and training services for individuals to obtain industry recognized credentials. With these credentials, these workers can find meaningful employment and meet the needs of local employers in growing sectors and industries.
- The department expects to award approximately 20 grants with a maximum value of \$1,360,000 each to provide training and employment services for men and women, ages 18 and older (including veterans), who participate in state or local work-release programs.
- Grant applicants must be located in an area with high poverty and high crime rates, including Promise Zones—communities which often have a larger proportion of returning citizens and higher rates of recidivism. Applicants will also be required to establish a committed Career Pathways Collaborative led by the grantee, and consist of representatives from the workforce system, work release programs, and employers and/or industry associations. The CPC leadership team will create a comprehensive

program. Selected applicants will be expected to include the following components in their proposals: case management, mentoring services, educational activities, training that leads to industry-recognized credentials, workforce activities, and follow-up services.

Source: U.S. Department of Labor. (2015, June 4). \$10M in grants awarded for jail-based employment centers to ready inmates for job market before release, reduce recidivism. From <http://www.dol.gov/opa/media/press/eta/ETA20151117.htm> (accessed April 12, 2016).

- More than 9 million people are released from the nation's more than 3,000 county and local jails every year, the U.S. Department of Justice reports. Many of these individuals have few job skills and face difficult barriers to stable employment. Without a strong support system or a steady job, many once incarcerated people are likely to commit new crimes and return to jail: a cycle of recidivism that recurs across the country.
- To break the cycle, the U.S. Department of Labor is funding \$10 million in grants for demonstration projects in 20 communities in 14 states to provide comprehensive services to inmates before release and ongoing support as they regain their place in the community when their incarceration ends. The grants are funded by the "Linking to Employment Activities Pre-Release" or "LEAP" initiative.
- The goal of the LEAP initiative is to break down silos and help integrate two services already offered by local governments—correctional facilities and workforce development programs. In nearly every county, municipal or regional area, jail or correctional facilities are located near the approximately 2,500 American Job Centers in the U.S., funded by the U.S. Department of Labor, but administered by local government or a non-profit organization through a local workforce investment board.
- LEAP will provide start-up capital needed by these local workforce investment boards to develop specialized centers in 20 communities in California, Connecticut, Florida, Indiana, Massachusetts, Maine, Missouri, New York, Ohio, Oregon, Pennsylvania, Virginia and Wisconsin. The centers will be extensions of existing American Job Centers nearby and will work to better integrate available community services.
- By providing a direct "hand-off" of transitioning offenders to their area's Job Center upon release, the newly released individual will receive follow-up, support and other services at a critical time to help guide them on a path toward a productive career and away from the risks that often return them to jail.
- LEAP aligns closely with the principles driving President Obama's My Brother's Keeper initiative which seeks to address persistent opportunity gaps facing boys and young men of color and to ensure that all young people can realize their full potential.
- In total, 20 grants of approximately \$500,000 each were awarded to local workforce investment boards that have demonstrated partnerships with their county or municipal governments and their county, municipal, or regional correctional facilities.

Source: U.S. Department of Justice. (2013, November 14). Justice Department announces more than \$62 million to strengthen reentry, probation and parole programs. From <http://www.justice.gov/opa/pr/justice-department-announces-more-62-million-strengthen-reentry-probation-and-parole-programs> (accessed April 12, 2016).

- The Justice Department has awarded more than \$62 million in grants to strengthen efforts to help people returning from prison rejoin their communities and become

productive, law-abiding citizens. This grant announcement was made by Attorney General Eric Holder today while in St. Louis, where he visited Project EARN, a Drug Reentry Court program. Attorney General Holder delivered remarks to the program's graduates and emphasized that successful reentry is a top priority at the Justice Department and a central part of his new "Smart on Crime" initiative.

- The Office of Justice Programs (OJP) made these 112 competitive and supplemental Second Chance Act (SCA) awards to state, tribal and local governments, and non-profit organizations to reduce recidivism, provide reentry services, conduct research and evaluate the impact of reentry programs. The SCA programs, administered through the Bureau of Justice Assistance (BJA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), are designed to help communities develop and implement comprehensive strategies to reduce recidivism and address the challenges faced by incarcerated adults and youth when they return to their communities following release from confinement.
- Of the over \$62 million in funding provided, more than \$57 million (91 BJA awards and 19 OJJDP awards) supports smart probation projects, treatment of returning adult and juveniles with co-occurring substance abuse and mental health disorders; adult and juvenile reentry demonstration projects; adult mentoring programs; technology career training projects for incarcerated adults and juveniles; and demonstration field experiments to test a parole reentry model. The remaining \$5.4 million supports two awards for evaluation activities and training and technical assistance for Second Chance Act grantees and the reentry field in general.
- OJJDP awarded more than \$9.7 million in Second Chance Act Juvenile Reentry Program grant awards to reduce recidivism and assist youth in successfully returning to their communities after secure confinement. This includes \$176,000 to assist four jurisdictions in planning a juvenile reentry program, and \$6,573,177 for ten jurisdictions to implement evidence-based reentry programs that provide a comprehensive range of services for juveniles up to 18 years of age. This also includes \$2,977,252 for five community programs to reduce long-term alcohol and other substance abuse among youth in secure confinement facilities and to increase drug treatment and mental health services for these youth.

Source: U.S. Department of Justice. (2015, January 27). Smart Supervision: Reducing Prison Populations, Saving Money, and Creating Safer Communities FY 2015 competitive grant announcement. Bureau of Justice Assistance (BJA). From <https://www.bja.gov/Funding/15SmartSupervisionSol.pdf> (accessed April 12, 2016).

- Eligible applicants are states, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior). BJA welcomes applications that involve two or more entities; however, one eligible entity must be the applicant and the others must be proposed as subrecipients. The applicant must be the entity with primary responsibility for administering the funding and managing the entire project. Only one application per lead applicant will be considered; however, subrecipients may be part of multiple proposals.

Source: The Council of State Governments Justice Center. (2015, June 3). Bill allocates \$102M in funding for key Justice programs. From <https://csgjusticecenter.org/nrrc> (accessed April 12, 2015).

- The House approved the FY2016 Commerce, Justice, Science Appropriations bill, which funds Department of Justice programs. The spending bill provides \$68 million for Second Chance, \$7 million for the Mentally Ill Offender Treatment Crime and Reduction Act, and \$27 million for the Justice Reinvestment Initiative.

Second Chance Act

Source: U.S. Department of Justice. (2015, September). Fact sheet on Second Chance Act grant program accomplishments: October 2009–March 2015. Bureau of Justice Assistance. From <https://www.bja.gov/Publications/SCAProgramAccompFactSheet.pdf> (accessed April 12, 2016).

- The Second Chance Act of 2007 (SCA) was enacted to break the cycle of criminal recidivism, improve public safety, and help state, local, and tribal government agencies and community organizations respond to the rising populations of formerly incarcerated people who return to their communities. Since the first SCA appropriation in FY 2009, more than \$475 million has been authorized for grants, training and technical assistance to state, local, and tribal government agencies and community organizations to provide services that help people returning from prison and jail to safely and successfully reintegrate into the community. SCA programming provides support to eligible applicants for the development and implementation of comprehensive and collaborative reentry strategies specifically aimed to increase public safety by reducing recidivism.

Plans for Helping Released Inmates

Source: The White House. (2015, November 2). Fact sheet: President Obama announces new actions to promote rehabilitation and reintegration for the formerly-incarcerated. From <https://www.whitehouse.gov/the-press-office/2015/11/02/fact-sheet-president-obama-announces-new-actions-promote-rehabilitation> (accessed April 12, 2016).

- This Administration has consistently taken steps to make our criminal justice system fairer and more effective and to address the vicious cycle of poverty, criminality, and incarceration that traps too many Americans and weakens too many communities. Today, in Newark, New Jersey, President Obama will continue to promote these goals by highlighting the reentry process of formerly-incarcerated individuals and announce new actions aimed at helping Americans who've paid their debt to society rehabilitate and reintegrate back into their communities.
- Each year, more than 600,000 individuals are released from state and federal prisons. Advancing policies and programs that enable these men and women to put their lives back on track and earn their second chance promotes not only justice and fairness, but also public safety. That is why this Administration has taken a series of concrete

actions to reduce the challenges and barriers that the formerly incarcerated confront, including through the work of the Federal Interagency Reentry Council, a cabinet-level working group to support the federal government's efforts to promote public safety and economic opportunity through purposeful cross-agency coordination and collaboration.

- The President has also called on Congress to pass meaningful criminal justice reform, including reforms that reduce recidivism for those who have been in prison and are reentering society. The Sentencing Reform and Corrections Act of 2015, which recently received a strong bipartisan vote in the Senate Judiciary Committee, would be an important step forward in this effort, by providing new incentives and opportunities for those incarcerated to participate in the type of evidence-based treatment and training and other programs proven to reduce recidivism, promote successful reentry, and help eliminate barriers to economic opportunity following release. By reducing overlong sentences for nonviolent drug offenses, the bill would also free up additional resources for investments in other public safety initiatives, including reentry services, programs for mental illness and addiction, and state and local law enforcement.
- Today, the President is pleased to announce the following measures to help promote rehabilitation and reintegration:
 - **Adult Reentry Education Grants.** The Department of Education will award up to \$8 million (over 3 years) to 9 communities for the purpose of supporting educational attainment and reentry success for individuals who have been incarcerated. This grant program seeks to build evidence on effective reentry education programs and demonstrate that high-quality, appropriately designed, integrated, and well-implemented educational and related services in institutional and community settings are critical in supporting educational attainment and reentry success.
 - **Arrests Guidance for Public and other HUD-Assisted Housing.** The Department of Housing and Urban Development (HUD) will release guidance today to Public Housing Authorities and owners of HUD-assisted housing regarding the use of arrests in determining who can live in HUD-assisted properties. This Guidance will also clarify the Department's position on "one strike" policies and will include best practices from Public Housing Authorities.
 - **Banning the Box in Federal Employment.** The President has called on Congress to follow a growing number of states, cities, and private companies that have decided to "ban the box" on job applications. We are encouraged that Congress is considering bipartisan legislation that would "ban the box" for federal hiring and hiring by federal contractors. In the meantime, the President is directing the Office of Personnel Management (OPM) to take action where it can by modifying its rules to delay inquiries into criminal history until later in the hiring process. While most agencies already have taken this step, this action will better ensure that applicants from all segments of society, including those with prior criminal histories, receive a fair opportunity to compete for Federal employment.
 - **TechHire: Expanding tech training and jobs for individuals with criminal records.** As a part of President Obama's TechHire initiative, over 30 communities are taking action—working with each other and national employers—to expand access to tech jobs for more Americans with fast track

training like coding boot camps and new recruitment and placement strategies. Today we are announcing the following new commitments:

- Memphis, TN and New Orleans, LA are expanding TechHire programs to support people with criminal records.
 - Newark, NJ, working with the New Jersey Institute of Technology and employers like Audible, Panasonic, and Prudential, will offer training through the Art of Code program in software development with a focus on training and placement for formerly incarcerated people.
 - New Haven, CT, Justice Education Center, New Haven Works, and others will launch a pilot program to train and place individuals with criminal records, and will start a program to train incarcerated people in tech programming skills.
 - Washington, DC partners will train and place 200 formerly incarcerated people in tech jobs. They will engage IT companies to develop and/or review modifications to hiring processes that can be made for individuals with a criminal record.
- **Establishing a National Clean Slate Clearinghouse.** In the coming weeks, the Department of Labor and Department of Justice will partner to establish a National Clean Slate Clearinghouse to provide technical assistance to local legal aid programs, public defender offices, and reentry service providers to build capacity for legal services needed to help with record-cleaning, expungement, and related civil legal services.
 - **Permanent Supportive Housing for the Reentry Population through Pay for Success.** The Department of Housing and Urban Development and the Bureau of Justice Assistance at the Department of Justice have launched an \$8.7 million demonstration grant to address homelessness and reduce recidivism among the justice-involved population. The Pay for Success (PFS) Permanent Supportive Housing Demonstration will test cost-effective ways to help persons cycling between the criminal justice and homeless service systems, while making new Permanent Supportive Housing available for the reentry population. PFS is an innovative form of performance contracting for the social sector through which government only pays if results are achieved. This grant will support the design and launch of PFS programs to reduce both homelessness and jail days, saving funds to criminal justice and safety net systems.
 - **Juvenile Reentry Assistance Program Awards to Support Public Housing Residents.** With funding provided by the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice, the Department of Housing and Urban Development will provide \$1.75 million to aid eligible public housing residents who are under the age of 25 to expunge or seal their records in accordance with their applicable state laws. In addition, the National Bar Association—the nation’s oldest and largest national association of predominantly African-American lawyers and judges—has committed to supplementing this program with 4,000 hours of pro bono legal services. Having a criminal record can result in major barriers to securing a job and other productive opportunities in life, and this program will enable young people whose convictions are expungable to start over.
- Many of the announcements being made today stem from the President’s My Brother’s Keeper Task Force, which is charged with addressing persistent opportunity

gaps facing boys and young men of color and ensuring all young people can reach their full potential. In May of 2014, the Task Force provided the President with a series of evidence-based recommendations focused on the six key milestones on the path to adulthood that are especially predictive of later success, and where interventions can have the greatest impact, including Reducing Violence and Providing a Second Chance. The Task Force, made up of key agencies across the Federal Government, has made considerable progress towards implementing their recommendations, many times creating partnerships across agencies and sectors. Today's announcements respond to a wide range of recommendations designed to "eliminate unnecessary barriers to giving justice-involved youth a second chance."

- These announcements mark a continuation of the Obama Administration's commitment to mitigating unnecessary collateral impacts of incarceration. In particular, the Administration has advanced numerous effective reintegration strategies through the work of the Federal Interagency Reentry Council, whose mission is to reduce recidivism and victimization; assist those returning from prison, jail or juvenile facilities to become productive citizens; and save taxpayer dollars by lowering the direct and collateral costs of incarceration.
- Through the Reentry Council and other federal agency initiatives, the Administration has improved rehabilitation and reintegration opportunities in meaningful ways, including recent initiatives in the following areas:
 - **Reducing barriers to employment.**
 - Last month, the Department of Justice awarded \$3 million to provide technology-based career training for incarcerated adults and juveniles. These funds will be used to establish and provide career training programs during the 6–24 month period before release from a prison, jail, or juvenile facility with connections to follow-up career services after release in the community.
 - The Department of Justice also announced the selection of its first-ever Second Chance Fellow, Daryl Atkinson. Recognizing that many of those directly impacted by the criminal justice system hold significant insight into reforming the justice system, this position was designed to bring in a person who is both a leader in the criminal justice field and a formerly incarcerated individual to work as a colleague to the Reentry Council and as an advisor to the Bureau of Justice Assistance Second Chance programs.
 - In addition, the Department of Labor awarded a series of grants in June that are aimed at reducing employment barriers, including:
 - **Face Forward:** The Department awarded \$30.5 million in grants to provide services to youth, aged 14 to 24, who have been involved in the juvenile justice system. Face Forward gives youth a second chance to succeed in the workforce by removing the stigma of having a juvenile record through diversion and/or expungement strategies.
 - **Linking to Employment Activities Pre-Release (LEAP):** The Department awarded \$10 million in pilot grants for programs that place One Stop Career Center/American Job Centers services directly in local jails. These specialized services will

prepare individuals for employment while they are incarcerated to increase their opportunities for successful reentry.

- **Training to Work:** The Department awarded \$27.5 million in Training to Work grants to help strengthen communities where formerly incarcerated individuals return. Training to Work provides workforce-related reentry opportunities for returning citizens, aged 18 and older, who are participating in state and/or local work-release programs. The program focuses on training opportunities that lead to industry-recognized credentials and job opportunities along career pathways.
- **Increasing access to education and enrichment.**
 - High-quality correctional education—including postsecondary correctional education—has been shown to measurably reduce re-incarceration rates. In July, the Departments of Education and Justice announced the Second Chance Pell Pilot Program to allow incarcerated Americans to receive Pell Grants to pursue postsecondary education and trainings that can help them turn their lives around and ultimately, get jobs, and support their families. Since this pilot was announced, over 200 postsecondary institutions across the nation have applied for consideration.
 - In June, the Small Business Administration published a final rule for the Microloan Program that provides more flexibility to SBA non-profit intermediaries and expands the pool of microloan recipients. The change will make small businesses that have an owner who is currently on probation or parole eligible for microloan programs, aiding individuals who face significant barriers to traditional employment to reenter the workforce.
- **Expanding opportunities for justice-involved youth to serve their communities.**
 - In October, the Corporation for National and Community Service (CNCS) and the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice announced a new round of Youth Opportunity AmeriCorps grants aimed at enrolling at-risk and formerly incarcerated youth in national service projects. These grants, which include \$1.2 million in AmeriCorps funding, will enable 211 AmeriCorps members to serve through organizations in Washington, D.C. and four states: Maine, Maryland, New York, and Texas.
 - In addition, the Department of Labor partnered with the Department of Defense's National Guard Youth ChalleNge program and awarded three \$4 million grants in April of this year to provide court-involved youth with work experiences, mentors, and vocational skills training that prepares them for successful entry into the workforce.
- **Increasing access to health care and public services.**
 - In October, the Department of Justice announced \$6 million in awards under the Second Chance Act to support reentry programming for adults with co-occurring substance abuse and mental disorders. This funding is aimed at increasing the screening and assessment that takes

place during incarceration as well as improving the provision of treatment options.

- In September, the Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS announced the winners of its reintegration toolkit challenge to develop software applications aimed at transforming existing resources into user-friendly tools with the potential to promote successful reentry and reduce recidivism. And in October, HHS issued a *“Guide for Incarcerated Parents with Children in the Child Welfare System”* in order to help incarcerated parents who have children in the child welfare system, including in out-of-home-care, better understand how the child welfare system works so that they can stay in touch.” The information can be found at: <http://youth.gov/youth-topics/children-of-incarcerated-parents>.
- The Social Security Administration (SSA) finalized written statewide prerelease agreements in September with the Department of Corrections in Iowa and Kansas. These agreements—now covering the majority of states—ensure continuity of services for returning citizens. SSA also has prisoner SSN replacement card MOUs in place with 39 states and the Federal Bureau of Prisons. A dedicated reentry webpage is accessible at www.socialsecurity.gov/reentry.
- **Increasing reentry service access to incarcerated veterans.**
 - In September, the Department of Labor's Veterans' Employment and Training Service announced the award of \$1.5 million in grants to help once incarcerated veterans considered “at risk” of becoming homeless. In all, seven grants will serve more than 650 formerly incarcerated veterans in six states.
 - The Department of Veterans Affairs (VA) also has developed a web-based system—the Veterans Reentry Search Service (VRSS)—that allows prison, jail, and court staff to quickly and accurately identify veterans among their populations. The system also prompts VA field staff—automatically—so that they can efficiently connect veterans with services. As of this summer, more than half of all state prison systems, and a growing number of local jails, are now using VRSS to identify veterans in their populations.
- **Improving opportunities for children of incarcerated parents and their families.**
 - In October, the Federal Communications Commission (FCC) took action to make it easier for incarcerated individuals to stay in touch with their families by capping all in-state and interstate prison phone rates. The FCC also put an end to most of the fees imposed by inmate calling service providers. Studies have consistently shown that inmates who maintain contact with their families experience better outcomes and are less likely to return to prison after they are released. Reduced phone rates will make calls significantly more affordable for inmates and their families, including children of incarcerated parents, who often live in poverty and were at times charged \$14 per minute phone rates.

- In October, the Department of Justice announced new grant awards to fund mentoring services for incarcerated fathers who are returning to their families. These awards will fund mentoring and comprehensive transitional services that emphasize development of parenting skills in incarcerated young fathers.
 - Moreover, the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice has awarded \$1 million to promote and expand services to children who have a parent who is incarcerated in a Federal Bureau of Prisons (BOP) correctional facility. This program aims to provide opportunities for positive youth development, and to identify effective strategies and best practices that support children of incarcerated parents, including mentoring and comprehensive services that facilitate healthy and positive relationships. In addition to engaging the parent while he or she is incarcerated, this solicitation also supports the delivery of transitional reentry services upon release.
- **Private Sector Commitments to Support Reentry.**
 - The Center for Employment Opportunities (CEO), an organization that provides comprehensive employment services to people with recent criminal convictions, has committed to more than double the number of people served from 4,500 to 11,000 across existing geographies and 3–5 new states. This winter, CEO will open in San Jose with support from Google and in the next year, the team will launch in Los Angeles. This growth has been catalyzed by federal investments, including support from the American Recovery and Reinvestment Act, the Social Innovation Fund, and a Department of Labor Pay for Success Project.
 - In addition, Cengage Learning will roll out Smart Horizons Career Online Education in correctional facilities in up to four new states over the next 12 months, providing over 1,000 new students with the opportunity to earn a high-school diploma and/or career certificate online. Smart Horizons Career Online Education is the world’s first accredited online school district, with a focus on reaching underserved populations. The program has been piloted in Florida with 428 students who have received diplomas or certificates.

Organizations Involved

Source: U.S. Department of Education. (n.d.). Improved reentry education grantees. Office of Career, Technical, and Adult Education. From <http://sites.ed.gov/octae/2015/11/03/improved-reentry-education-grantees/> (accessed April 12, 2016).

- OCTAE’s Improved Reentry Education (IRE) program, announced in the White House fact sheet, builds upon the success and lessons learned from OCTAE’s previous investment, Promoting Reentry Success through Continuity of Educational Opportunities (PRSCO) program. PRSCO aimed to address the chronic issue of underemployment for ex-offenders; provide a more constructive use of time for those under community

supervision; and, create an education continuum for bridging the gap between prison and community-based education and training programs. The purpose of the IRE program is to support demonstration projects in prisoner reentry education that develop evidence of reentry education's effectiveness. IRE seeks to demonstrate that high-quality, appropriately designed, integrated, and well-implemented educational and related services—provided in institutional and community settings—are critical in supporting educational attainment and reentry success for previously incarcerated individuals. IRE applicants were instructed to develop their own models or incorporate the revised Reentry Education Model into their project plans.

- In September 2015, the Department awarded IRE grants to nine sites:
 - Washburn University of Topeka (KS)
 - Barton County Community College (KS)
 - Essex County College (NJ)
 - Miami-Dade County (FL)
 - Lorain County Community College (OH)
 - Lancaster-Lebanon Intermediate Unit 13 (PA)
 - Western Technical College (WI)
 - Pennsylvania Department of Corrections (PA)
 - United Teen Equality Center, Inc. (MA)
- The grants, awarded through the Adult Education and Family Literacy Act's national activities funds, represented a diverse group of applicants who proposed programs ranging from those designed to serve all female populations to those targeting young men of color. Program structures vary from boot camp style programming, to common state wide wrap around services. The Office of Correctional Education within OCTAE's Division of Adult Education and Literacy will assist the grantees throughout the performance period; and, they will be provided technical assistance through a contract with Jobs for the Future (JFF).
- JFF will work to support the success of the IRE grantees by: supporting reentry education programs; providing direct technical assistance to grantees and other providers; assisting Department staff in monitoring IRE projects and assisting grantees to develop evaluation plans including unique processes for data collection and analysis; facilitating conferences; and, by establishing online communities of practice.
- To learn more about federal efforts and resources for correctional education, see this Reentry Council Snapshot.

Source: U.S. Department of Housing and Urban Development. (2015, November 2). HUD and Justice Department announce new efforts to ease transition from prison and expand opportunities for jobs and housing. From http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUD_No_15-140 (accessed April 12, 2016).

- As part of President Obama's efforts to promote rehabilitation and reintegration for the formerly incarcerated, the U.S. Department of Housing and Urban Development (HUD) and the Department of Justice (DOJ) today announced \$1.7 million for Public Housing Authorities (PHAs) to aid eligible public housing residents who are under the age of 24 to expunge or seal their records in accordance with their applicable state laws.

- Through the *Juvenile Re-entry Assistance Program (JRAP)*, HUD and DOJ are teaming up to help Americans who've paid their debt to society rehabilitate and reintegrate back into their communities.
- This program specifically excludes makers of meth on public housing property, sex offenders or those convicted of domestic violence.
- Additionally, HUD announced updated public housing arrests guidance to PHAs regarding the use of arrests in determining who can live in HUD-assisted properties. The Guidance outlines that arrest records may not be the basis for denying admission, terminating assistance or evicting tenants; and reiterates that HUD does not require PHAs and owners to adopt "One Strike" policies and includes best practices and models of success from PHAs across the nation.
- Having a criminal record severely limits a person's ability to seek higher education, find good employment, qualify for credit and secure affordable housing. Today, an estimated 60,000 youths under the age of 24 are confined in juvenile detention and correctional facilities, with hundreds of thousands more on probation. These consequences create unnecessary barriers to economic opportunity and productivity, and President Obama and members of his Cabinet continue to take impactful steps to ensure those returning from prison become productive, law-abiding citizens.

Source: U.S. Department of Housing and Urban Development. (2015, November 2). HUD offers \$8.7 million to prevent and end homelessness. From http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUD_No_15-139 (accessed April 12, 2016).

- Each year, men and women exiting the prison system face a multitude of challenges including finding employment and a home to call their own. As a result, many are at extreme risk of falling into homelessness. Today, the U.S. Department of Housing and Urban Development (HUD) and the Department of Justice (DOJ) announced an \$8.7 million demonstration to address homelessness and reduce recidivism among the justice-involved population.
- HUD's *Pay for Success Permanent Supportive Housing Demonstration*, funded by DOJ and implemented through a HUD/DOJ partnership, will test cost-effective ways to help persons cycling between the criminal justice and homeless service systems. In addition, this demonstration will offer a new source of financing to support Permanent Supportive Housing for the reentry population.
- *Pay for Success (PFS)* strategies are public-private arrangements that help government test or expand innovative programs while paying only for those activities that achieve agreed-upon target outcomes. In addition, PFS grants will implement a *Housing First* model for the reentry population who experience homelessness and are frequent users of homelessness, health care and other crisis services.

Source: U.S. Department of Justice. (2015, October 1). Justice Department announces \$53 million in grant awards to reduce recidivism among adults and youth. From <http://www.justice.gov/opa/pr/justice-department-announces-53-million-grant-awards-reduce-recidivism-among-adults-and-youth> (accessed April 12, 2016).

- The Justice Department announced today that it will award grants totaling \$53 million to 45 jurisdictions, to reduce recidivism among adults and youth returning to their communities after confinement.
- The Second Chance Act (SCA) programs, administered through the Office of Justice Programs' (OJP's) Bureau of Justice Assistance (BJA) and Office of Juvenile Justice and Delinquency Prevention (OJJDP) support state, local and tribal community organizations in their efforts to reduce recidivism, provide reentry services and support research programs.
- SCA funding covers a broad range of services, training, mentorship and technical assistance programs.
- **BJA grant awards:**
 - *SCA Two-Phase Adult Reentry Demonstration*, 10 awards totaling \$7,774,158;
 - *SCA Reentry Program for Adults with Co-Occurring Substance Abuse and Mental Disorders*, 10 awards totaling \$5,989,258;
 - *SCA Mentoring*, six awards totaling \$5,983,401;
 - *National Reentry Resource Center (supplement)*, one award totaling \$5,281,751
 - *SCA Statewide Recidivism Reduction (supplements)*, four awards totaling \$3,995,861;
 - *SCA Technology Career Training Program*, four awards totaling \$2,949,536;
 - *SCA Statewide Recidivism Reduction Planning*, seven awards totaling \$594,222;
 - *SCA and Corrections Visiting Fellows*, two awards totaling \$487,551; and
 - *Vera Institute of Justice Postsecondary Education/Pell Experiment (supplement)*, one award totaling \$200,000.
- **OJJDP grant awards:**
 - *SCA Supporting Latino/a Youth from Out-of-Home Placement to the Community*, six awards totaling \$2,900,000;
 - *SCA Strengthening Relationships Between Young Fathers and Their Children: A Reentry Mentoring Project*, seven awards totaling \$2,939,067;
 - *SCA Strengthening Families and Children of Incarcerated Parents*, three awards totaling \$1,239,276;
 - *SCA Comprehensive Statewide Juvenile Reentry System Reform Implementation*, three awards totaling \$2,196,894;
 - *SCA Smart on Juvenile Justice: Enhancing Youth Access to Justice Initiative, Training and Technical Assistance (to provide legal services to youth reentering the community)*, one award totaling, \$708,106;
 - *SCA Smart on Juvenile Justice: Community Supervision*, six awards totaling \$1,000,000;
 - *SCA Smart on Juvenile Justice: Community Supervision Training and Technical Assistance*, one award totaling \$650,000; and
 - *Initiative to Develop Juvenile Reentry Measurement Standards*, one award totaling \$750,000.
- These programs include training and job placement for incarcerated or detained adults and juveniles in technology-related jobs; training for mentors to assist pre- and post-release; screening and assessments pre-release and evidence-based treatment after incarceration to improve outcomes for incarcerated individuals with substance abuse and mental disorders; and assistance for jurisdictions providing reentry services to members of Native American tribes.

- These grants also provide supplemental funding to improve existing reentry research and programs, including ongoing data-driven assessments of the needs, policy barriers and resource gaps for successful reentry. Additional funding will enable the Vera Institute to deliver technical assistance in post-secondary education and corrections and to share best practices through its resource center.
- In addition, the Justice Department awarded two fellowships: its first-ever *Second Chance Visiting Fellow*, Daryl Vincent Atkinson, who will engage formerly incarcerated individuals to gather what is needed for successful reentry; and a *Corrections Visiting Fellow*, Dr. Emily Wang of Yale University, who will measure the risk of hospitalization following prison release among Medicaid beneficiaries and the impact of community primary care on patient recidivism.
- Lastly, the National Reentry Resource Center (NRRC) will continue to offer training and technical assistance for grantees and administer the *What Works in Reentry Clearinghouse*, a “one-stop shop” for research on the effectiveness of a wide variety of reentry programs and practices. The NRRC collaborates with the Attorney General’s Federal Interagency Reentry Council (FIRC), and other federal agencies.

Source: U.S. Department of Labor. (2013, June 26). US Department of Labor awards more than \$26 million in grants to help juvenile offenders prepare to enter the workforce. From <http://www.dol.gov/opa/media/press/eta/ETA20131269.htm> (accessed April 12, 2016).

- The U.S. Department of Labor today awarded more than \$26 million in grants to help improve long-term labor market prospects for youth involved in the juvenile justice system. The “Face Forward” grants were awarded to 28 community-based organizations to provide juvenile offenders with support services, training and skills development to help them obtain employment and overcome the stigma of a juvenile record.
- Juvenile arrests can become a major barrier to inclusion and advancement in the workforce. To help overcome those barriers, grantees will collaborate with nonprofit legal services providers to assist in expunging the court records of juvenile offenders and/or provide diversion programs, as designated by the juvenile justice system. Grantees will also offer youth mentoring services, education and training leading to industry-recognized credentials and post-program support and follow-up services.
- Eligible juvenile offenders must be between ages 16 and 24, currently reside in the geographic area to be served; have never been involved with the adult federal, state or local criminal justice systems; have never been convicted of a sex-related offense other than prostitution; and be currently involved or have been involved in the juvenile justice system, or be candidates for diversion under state guidelines for juvenile diversion programs.

Source: U.S. Department of Labor. (2015, June 19). \$74M in grants to provide employment services for formerly incarcerated adults and youth with juvenile records announced by US Labor Department. From <http://www.dol.gov/opa/media/press/eta/ETA20141195.htm> (accessed April 12, 2016).

- The U.S. Department of Labor today announced the award of \$74 million in grants to 37 community service organizations to provide employment, training and support services to successfully re-integrate formerly incarcerated adults and youth involved in

the juvenile justice system into their communities. Grantees are expected to provide a range of services that include case management, mentoring, education and training that leads to industry-recognized credentials.

- Twenty-one grants, totaling more than \$44 million, are being awarded for the second round of the Face Forward initiative, which combines the most promising workforce and juvenile justice strategies available to improve participants' chances of success. Funded programs will also help to address the stigma of having a juvenile record by offering services to seal juvenile records and providing opportunities to handle delinquency complaints outside of the juvenile justice system.
- The remaining funding, totaling \$30 million to 17 organizations through the Training to Work—Adult Reentry program, will help men and women participating in state or local work-release programs gain the job skills necessary to succeed in-demand occupations upon reintegrating back into society. The grants also build on the department's commitment to fund sustainable programs through the career pathways initiative, which better coordinates education and training services to enable workers to attain industry-recognized credentials and find jobs
- Both grant programs target areas with high-poverty and high-crime, and several of the new grantees are located in areas designated as "Promise Zones" by the U.S. Department of Housing and Urban Development. Promise Zones partner with local communities and businesses to create jobs, increase economic security, expand educational opportunities, increase access to quality and affordable housing, and improve public safety. The Promise Zone initiative builds on President Obama's commitment to increase collaboration between business and federal, state, tribal and local officials; faith-based and nonprofit organizations; children and parents to ensure that hard work leads to a decent living for every American in every community.

Source: U.S. Department of Labor. (2015, April 14). Training to Work 2—Adult Reentry. Employment and Training Administration (ETA). From http://www.doleta.gov/REO/training_to_work.cfm (accessed April 12, 2016).

- ETA has invested in five generations of Adult Reintegration of Ex-Offenders (REXO) programs for returning citizens which historically have been employment-centered with the goal of moving participants into jobs quickly. We have learned from stakeholders and grantees that returning citizens, both male and female, have a better chance of getting and keeping a job if they acquire industry-recognized credentials before they leave criminal justice supervision. As a result, we changed our approach last year and awarded grants which required training leading to industry-recognized credentials as a primary focus. This year the Department seeks to emphasize programs that involve employers and industry associations in identifying the skills and credentials that participants need to enter into and along career pathways that meet employer's needs.
- Training to Work 2—Adult Reentry (T2W2) programs provides the opportunity for organizations to develop and implement career pathway programs in demand sectors and occupations for men and women who are at least 18 years old and who are enrolled in work release programs (WRP). For the purpose of these grants, WRP refers to:
 - Residential reentry centers (RRC), formerly called halfway houses, that are operated under contract with the Bureau of Prisons (BOP);
 - Monitored home confinement; and

- Work release centers (WRC), which are typically located in areas where RRCs do not exist and are created by intergovernmental agreements between BOP and state or local jails which allow participants to leave the jail to work or find employment for a specified period of time each day and return to the jail as their residence.

Source: U.S. Department of Education. (2015, July 31). U.S. Department of Education launches Second Chance Pell Pilot Program for incarcerated individuals. From <http://www.ed.gov/news/press-releases/us-department-education-launches-second-chance-pell-pilot-program-incarcerated-individuals> (accessed April 12, 2016).

- As part of the Obama Administration’s commitment to create a fairer, more effective criminal justice system, reduce recidivism, and combat the impact of mass incarceration on communities, the Department of Education today announced the [Second Chance Pell Pilot Program](#) to test new models to allow incarcerated Americans to receive [Pell Grants](#) and pursue the postsecondary education with the goal of helping them get jobs, support their families, and turn their lives around.
- High-quality correctional education—including postsecondary correctional education—has been shown to measurably reduce re-incarceration rates. By reducing recidivism, correctional education can ultimately save taxpayers money and create safer communities.
- Through this [pilot program](#), incarcerated individuals who otherwise meet Title IV eligibility requirements and are eligible for release, particularly within the next five years, could access Pell Grants to pursue postsecondary education and training. The goal is to increase access to high-quality educational opportunities and help these individuals successfully transition out of prison and back into the classroom or the workforce. Incarcerated students who receive Pell Grants through this pilot will be subject to cost of attendance restrictions, so Pell Grants can only be used to pay for tuition, fees, books and supplies required by an individual’s education program. Incarcerated individuals will not be eligible to receive other types of Federal student aid under this pilot.
- The pilot program builds upon previous Administration efforts. A report from President Obama’s “My Brother’s Keeper Task Force” recommended enforcing the rights of incarcerated youth, including access to a quality education and eliminate unnecessary barriers to reentry. Last December, the Departments of Education and Justice released a [Correctional Education Guidance Package](#) to improve education programs in juvenile justice facilities and clarified existing rules around Pell Grant eligibility for youth housed in juvenile justice facilities and individuals held in local and county jails. The pilot program is intended to build on this guidance and expand access to high-quality postsecondary educational opportunities and support the successful reentry of adults.

Source: Healthcare.gov. (n.d.). Incarcerated people. From <https://www.healthcare.gov/incarcerated-people/> (accessed April 12, 2016).

- When you apply for health coverage after being released from incarceration, you may qualify for lower costs on monthly premiums and out-of-pocket costs. This will depend on your household size and income during the year you’re seeking coverage.

- After you're released, you have a 60-day Special Enrollment Period to sign up for private health coverage. During this time, you can enroll in private health insurance even if it's outside the Marketplace open enrollment period.
- After this 60-day Special Enrollment Period, you can't buy private health insurance until the next Marketplace open enrollment period (unless you qualify for another Special Enrollment Period).

New Approaches for Re-entry

Source: Ritter, N. (2013, December). 'Cultural shift' is among findings of Second Chance Act evaluation. *National Institute of Justice Journal* (273). From <http://nij.gov/journals/273/pages/second-chance-act-evaluation.aspx> (accessed April 12, 2016).

- One of the goals of the implementation evaluation is to determine whether the [Second Chance Act] SCA demonstration grants can achieve fundamental, system-level changes. In the initial phase of the study, the researchers collected qualitative data on how the SCA-funded programs are being operated. The recently released findings from this first phase show three major system changes:
 - Partnerships are growing.
 - Services are becoming more "holistic."
 - There is a cultural shift in thinking about how services are delivered.
- System Change #1: Partnerships Are Growing—Because state and local agencies and nonprofits often lack the capacity to deliver re-entry services by themselves, partnerships can be crucial. SCA funding has led to new partnerships, which are increasing the delivery of re-entry services. Coordination between probation and parole departments and service providers has significantly improved. Case managers and parole officers are connecting with community groups that they did not know existed before SCA. Weak or limited partnerships that existed before SCA have been made stronger and more inclusive.
- System Change #2: Services Are Becoming More 'Holistic'—The researchers found five significant improvements in the delivery of re-entry services in the 10 SCA demonstration sites:
 - There is greater continuity of services from pre-release to post-release.
 - Staff members are better prepared to work with offenders.
 - Assessments are being used well for services planning.
 - There is more time for case management.
 - More re-entry services are available.
- One of the most significant findings concerns the role of case manager. When offenders are released into the community, they must meet specific conditions of parole, including reporting once a month (or with whatever frequency the state requires) to their parole officer. This means that, historically, most parole officers handled hundreds of cases, leaving them with little time to focus on anything other than whether offenders are complying with their conditions of parole. But, with SCA funding, some sites provided special change-management training to parole officers, allowing them to assume more of a case manager role. Other sites brought in case managers from municipal departments and nonprofits.

- System Change #3: A Cultural Shift in the Re-entry Mindset—Perhaps the most heartening observation the researchers made in their evaluation of the 10 demonstration sites to date concerns a true “cultural shift”—from a focus on simply enforcing re-entry rules and regulations to a rehabilitative philosophy and an acceptance of evidence-based practices. Put simply, many of the case managers and parole officers reported that they are approaching their jobs in new ways. One of the lessons learned in the evaluation to date is that this type of cultural shift is not easy. It is not a transformation that happens quickly. Training staff takes time, and challenges remain.
- Among the lessons learned to date:
 - Projects need substantial ramp-up time.
 - Identifying and training case managers are crucial steps.
 - Re-entry success could be improved if there were more housing and mental health service providers.
 - Women require different assessment methods and re-entry services than men.
 - Preventing staff turnover must be a high priority.
- Next Step: Outcome Study—The goals set by the Bureau of Justice Assistance when it issued the competitive solicitations for SCA funding were significant: increased employment, education and housing opportunities; increased payment of child support; and a 50 percent reduction in recidivism within 12 months of release. These types of outcomes will be measured in the outcome phase of the evaluation.

Adults

Source: Council of State Governments Justice Center. (.n.d.) Second Chance Act. From <https://csgjusticecenter.org/nrrc/projects/second-chance-act/> (accessed April 12, 2016).

- Signed into law on April 9, 2008, the Second Chance Act (P.L. 110-199) was designed to improve outcomes for people returning to communities after incarceration. This first-of-its-kind legislation authorizes federal grants to government agencies and nonprofit organizations to provide support strategies and services designed to reduce recidivism by improving outcomes for people returning from prisons, jails, and juvenile facilities.
- The Second Chance Act’s grant programs are funded and administered by the Office of Justice Programs in the U.S. Department of Justice. Within the Office of Justice Programs, the Bureau of Justice Assistance awards Second Chance Act grants serving adults, and the Office of Juvenile Justice and Delinquency Prevention awards grants serving youth returning from the juvenile correction facilities.
- Demonstration grants provide funding to state and local government agencies and federally recognized Indian tribes to plan and implement comprehensive strategies that address the challenges faced by adults and youth returning to their communities after incarceration.
- Mentoring grants support nonprofit organizations and federally recognized Indian tribes that provide mentoring, case management, and other transitional services.
- Co-occurring treatment grants provide funding to state and local government agencies and federally recognized Indian tribes to implement or expand integrated treatment programs for individuals with co-occurring substance abuse and mental health disorders.

- Family-based substance abuse treatment grants support state and local government agencies and federally recognized Indian tribes in establishing or enhancing family-based residential substance abuse treatment programs in correctional facilities that include recovery and family supportive services.
- Reentry court grants help state and local government agencies and federally recognized Indian tribes establish state, local, and tribal reentry courts that monitor offenders and provide them with the treatment services necessary to establish a self-sustaining and law-abiding life.
- Technology career training grants help state and local government agencies and federally recognized Indian tribes to establish programs to train individuals in prisons, jails, or juvenile residential facilities for technology-based jobs and careers during the three-year period before their release.
- Recidivism reduction grants provide funding to state departments of correction to achieve reductions in recidivism rates through planning, capacity-building, and implementation of effective and evidence-based interventions.
- Smart Probation grants provide funding to state and local government agencies and federally recognized Indian tribes to implement evidence-based supervision strategies to improve outcomes for probationers.

Youth

Source: The Council of State Governments Justice Center. (2014, June). The Second Chance Act: Juvenile reentry. From https://csgjusticecenter.org/wp-content/uploads/2014/08/SCA_Juvenile_Reentry.pdf (accessed April 12, 2016).

- In April 2008, Congress passed the Second Chance Act, first-of-its-kind legislation enacted with bipartisan support and backed by a broad spectrum of leaders in law enforcement, corrections, courts, behavioral health, and other areas. The Second Chance Act represents a federal investment in strategies to reduce recidivism and increase public safety, as well as to reduce corrections costs for state and local governments. The bill authorized up to \$165 million in federal grants to state, local, and tribal government agencies and nonprofit organizations.
- Since 2009, nearly 600 Second Chance Act grant awards have been made to government agencies and nonprofit organizations from 49 states for reentry programs serving adults and juveniles. Approximately 20 percent of these grants were awarded to agencies and organizations serving a juvenile justice population [note 1]. Grantees provide vital services—including case management, education, substance use and mental health treatment, family therapy, housing, mentoring, victim support, and others—to make a youth’s transition from system supervision safer and more successful. Between July 2009 to June 2013, more than 17,000 youth received services from Second Chance Act funding [note 2]. Out of the 4,962 youth who were identified as needing substance use counseling, 3,497 received this service; in addition, 4,003 eligible youth received mental health services, and 985 youth obtained housing.... Second Chance Act grants also support improved corrections and supervision practices that aim to reduce recidivism. The grant programs are funded and administered by the U.S. Department of Justice’s Office of Justice Programs (OJP).

¹Since 2009, 100 of the 586 Second Chance Act grants awarded by the OJP target youth in the juvenile justice system.

²The Office of Juvenile Justice and Delinquency Prevention. "Fact Sheet on OJJDP Second Chance Act Grant Program Accomplishments." Accessed June 18, 2014. <https://www.ojjdp-dctat.org/help/SCAFactSheetJan2009Jun2013.pdf>.

Improving Responsiveness To Help Community Re-entry for Particular Populations

Women and Girls

Source: Hockenberry, S. (2014, August). Juveniles in residential placement, 2011. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. From <http://www.ojjdp.gov/pubs/246826.pdf> (accessed April 12, 2016).

- As a growing body of evidence underscores the detrimental effects that system involvement and confinement can have on healthy adolescent development, many jurisdictions are examining and developing ways to divert nonserious offenders from entering the system and to improve conditions of confinement for youth in the system. [This includes residential placement.]
- In 2011, 14% of all youth in residential placement were female.

Source: Bonczar, T., & Herberman, E. (2014, October 28). Probation and parole in the United States, 2013. Bureau of Justice Statistics. From <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5135> (accessed April 12, 2016).

- The percentage of females in the adult probation population increased slightly over the past decade, climbing from 22% in 2000 to 25% in 2013.
- [The percentage of females in the adult parole population remained steady during the past decade, at 12% in 2000 and in 2013.]

Sexual Abuse and the Need for Trauma-informed Care

Source: Rosenthal, L. (2015, July 9). The sexual abuse to prison pipeline: How sexual violence leads to girls' incarceration. The Vera Institute of Justice. From <http://www.vera.org/blog/sexual-abuse-prison-pipeline-how-sexual-violence-leads-girls-incarceration> (accessed April 12, 2016).

- American girls, especially girls of color, are routinely criminalized as a direct result of being victims of child sexual abuse. Indeed, as many as 80 percent of incarcerated girls have experienced sexual violence.
- Although nearly all incarcerated youth have experienced high rates of trauma and abuse, sexual violence is the defining aspect of abuse that leads to the incarceration of girls.
- The rate of reported sexual violence among girls in the juvenile justice system is four times higher than among boys.
- We also know from research that the high prevalence of sexual abuse alone does not capture the severe extent of girls' victimization: for incarcerated girls, sexual abuse

begins early (between 5 to 7 years old), it often takes multiple forms and occurs multiple times, and—unlike other forms of abuse—it appears to be a risk throughout girls’ lives rather than peaking at certain developmental stages.

- One study found that sexual violence occurs in close proximity to the time of a girl’s arrest: 22 percent of girls entering the justice system had been sexually assaulted **within 7 days** prior to arrest.
- For many years, researchers have noted the particularly strong association between sexual abuse and the incarceration of girls, but few have sought to establish *why* so many sexually abused girls end up incarcerated. Often the connection is viewed as the indirect result of behaviors that survivors of sexual violence engage in to cope with trauma, such as substance abuse, that increase their risk of incarceration.
- But girls are often caught in the pipeline because of law enforcement policies and practices that directly criminalize a victim for being abused. A clear example of this is when victims of child sex trafficking—who are younger than the legal age of consent—are arrested on prostitution or related charges; another example is when girls are arrested for acts of self-defense against the person who is abusing them.

Source: Saar, M. S., Epstein, R., Rosenthal, L., & Vafa, Y. (2015). The sexual abuse to prison Pipeline: The girls’ story. Human Rights Project for Girls, Georgetown Law Center on Poverty and Inequality, and the Ms. Foundation for Women. From http://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_layout_web-1.pdf (accessed April 12, 2016).

- [This report discusses the relationship between sexual abuse of girls and involvement in the criminal justice and child welfare systems. It also covers identifying and treating trauma.]

Substance Misuse and Need for Gender-Responsive Treatment

Source: Davis, C. (2015, August 19). Gender and justice in America: Women suffer when drug treatment focuses on men’s needs [blog]. The Vera Institute of Justice. From <http://www.vera.org/blog/gender-and-justice-america-women-suffer-when-drug-treatment-focuses-men%E2%80%99s-needs> (accessed April 12, 2016).

- In the last 10 years, heroin use among women has doubled, yet few drug treatment programs consider women’s unique needs and current punitive drug policies disproportionately entangle women of color and economically disadvantaged women in cycles of arrest, incarceration, and poverty.
- Most treatment options, however, fail to take women’s unique physical, medical, and social needs into account. Therefore, women are more likely to undergo inappropriate treatment or receive none at all. When treatment is actually sought and obtained, effectiveness is limited because programs often do not offer childcare, have punitive attitudes and policies toward parenting and pregnancy, and rarely address the intersection of trauma, intimate partner violence, and drug and sex-related risks women face. Treatment is further complicated because women often have more concurrent behavioral, psychological, medical, and social problems such as HIV and mood, anxiety, eating, and trauma disorders.

Parenting

Source: Sadof, T. D. (2015, August 10). Gender and justice in America: Alternatives to incarceration for moms aim to strengthen families [blog]. The Vera Institute of Justice. From <http://www.vera.org/blog/gender-and-justice-america-alternatives-incarceration-moms-aim-strengthen-families> (accessed April 12, 2016).

- When mothers who act as primary caregivers serve time in prison, the loss of emotional and tangible support they provide—in the form of regular caretaking, income, housing, and more—can have a traumatic and disruptive impact on their families and communities. In recent years, this impact has garnered the attention of policymakers locally and nationwide, who have proposed—and piloted—diversion programs as a necessary alternative to incarceration for convicted mothers.
- These diversion efforts are critical, as the number of families impacted by an incarcerated mother has grown at a staggering rate: from 1991 to 2007—the most recently available data—there was a 122 percent increase in the number of incarcerated mothers, affecting an estimated 150,000 children. Many of these incarcerated mothers are forced to place their children under the care of family members or friends or the foster care system. Once a child spends time in the foster care system, their incarcerated mother risks losing contact with them entirely.
- Mothers who are able to retain custody rights during incarceration nonetheless may struggle to maintain contact and care for their children, given the hefty costs associated with in-person visitation and phone calls, as well as the difficulty of communicating by mail with young children. After incarceration, returning to the community can present more challenges for these mothers, whose criminal records may prevent them from securing stable housing, employment, education, public assistance benefits, healthcare, and more.
- Given these collateral consequences, several community-based prison diversion programs have surfaced in the last few years with the goal of ensuring continued contact between convicted mothers and their children. [The article mentions several examples of these initiatives.]

Source: Federal Partners Committee on Women and Trauma. (2013). Trauma-informed approaches: Federal activities and initiatives: A working document, second report. From http://community.nicic.gov/blogs/corrections_headlines/archive/2013/10/23/groundbreaking-federal-interagency-report-on-women-and-trauma-informed-approaches.aspx (accessed April 12, 2016).

- [This] report documents the projects, programs, and initiatives of more than three dozen federal agencies, departments, and offices—one of the largest interagency collaborations in federal government history. With agencies' commitment to implementing gender-responsive, trauma-informed approaches, this report addresses the growing national interest in this issue, the work of the Federal Partners Committee, and the specific progress that participating agencies have made over the past three years (2010–2013), since the Committee's publication of its first report in 2011. This new report, developed with support from SAMHSA's National Center for Trauma-

Informed Care, clearly demonstrates the application of trauma-informed approaches across a wide range of settings and systems and encourages other governmental and nongovernmental agencies to implement a cross-sector, interagency, inter-systems' realization, recognition, and response to trauma.

Source: National Parole Resource Center. (2014). Resource package for paroling authorities on criminal justice involved women. From <http://nationalparoleresourcecenter.org/resource-package-mental-illness-substance-abuse-disorders/>(accessed April 12, 2015).

- Most correctional policy has been designed and implemented to address the challenges of managing a predominantly male offender population. This male-driven focus stems from the fact that men have historically represented the vast majority of offenders in correctional institutions and on community supervision. However, as the population of women offenders has grown, so has an appreciation for the differences between male and female offenders. As such, the following Resource Package has been developed to assist paroling authorities to consider their current practices with justice-involved women, and the degree to which they mirror the National Parole Resource Center's practice targets for enhancing community safety and the wise use of resources.

Veterans

Source: Mumola, C. J., & Noonan, M. E. (2007, April 29). Veterans in state and federal prison, 2004. From <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=808> (accessed April 12, 2016).

- The percentage of veterans among State and Federal prisoners has steadily declined over the past three decades, according to national surveys of prison inmates conducted by the Bureau of Justice Statistics.
- In 2004, 10% of State prisoners reported prior service in the U.S. Armed Forces, down from 12% in 1997 and 20% in 1986.
- The majority of veterans in State (54%) and Federal (64%) prison served during a wartime period, but a much lower percentage reported seeing combat duty (20% of State prisoners, 26% of Federal).
- Similar percentages of veteran (54%) and nonveterans (56%) in State prison met one of two criteria for a recent mental health problem—a recent history of mental health services or a report of recently experiencing symptoms of a mental health disorder. The symptoms were measured according to criteria defined in the DSM-IV.
- Veterans (75%) in State prison reported past drug use less often than nonveterans (84%). Recent drug use showed greater differences—42% of veterans used drugs in the month before their offense, compared to 58% of nonveterans.

Source: National Institute of Corrections. (n.d.). Justice-involved veterans. From <http://nicic.gov/veterans> (accessed April 12, 2016).

- Since 9/11 we have had approximately 2.5 million American military personnel serve in combat either in Iraq, Afghanistan, or both. Since 2001, nearly 1.3 million service members have been discharged from the military and many have utilized VA Health

- services for a myriad of complex emotional combat related issues, including: Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), depression, and anxiety.
- Despite these complex combat related issues and that most combat veterans had no involvement in the criminal justice system before their engagement in military service, these veterans or active duty service members are often being treated as any other civilian offender would be treated.

Source: U.S. Department of Veterans Affairs. (2015, August 17). National Center for PTSD. From <http://www.ptsd.va.gov/professional/provider-type/community/veterans-PTSD-Justice-System.asp> (accessed April 12, 2016).

- In recent years, programs have been developed to avoid unnecessary incarceration of Veterans who have deployed to war and subsequently developed mental health problems. The programs aim to assist Veterans who become involved in the justice system to get treatment for mental health problems that may exist. These programs are especially needed given the numbers of Veterans returning from Afghanistan and Iraq.
- Veterans Treatment Courts are based on the Drug Court and Mental Health Court models introduced in the 1990s (2). As in these models, the goal is to divert those with mental health issues from the traditional justice system and to give them treatment and tools for rehabilitation and readjustment. While each Veterans Treatment Court is part of a community's justice system, treatment courts often form partnerships with VA and with Veterans' organizations.
- To provide direct services to justice-involved Veterans, whether or not they live in a community that has a Veterans Treatment Court, VA has developed the Veterans Justice Outreach initiative (VJO).
- Under VJO, each VA Medical Center has a designated justice outreach specialist. VJO specialists function as a link between VA, Veterans, and the local justice system. They serve both incarcerated Veterans and justice-involved Veterans who have not been incarcerated.

Source: Elbogen, E. B., Johnson, S. C., Newton, V. M., Straits-Troster, K., Vasterling, J. J., & Wagner, H. R. (2012). Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. *Journal of Consulting and Clinical Psychology, 80*(6), 1097–1102.

- Although criminal behavior in veterans has been cited as a growing problem, little is known about why some veterans are at increased risk for arrest. Theories of criminal behavior postulate that people who have been exposed to stressful environments or traumatic events and who report negative affect such as anger and irritability are at increased risk of antisocial conduct.
- [This study] examined data in a national survey of N = 1,388 Iraq and Afghanistan war era veterans.
- [The researchers] found that 9% of respondents reported arrests since returning home from military service. Most arrests were associated with nonviolent criminal behavior resulting in incarceration for less than 2 weeks.

- [Various] analyses revealed that veterans with probable [post-traumatic stress disorder (PTSD)] or [traumatic brain injury (TBI)] who reported anger/irritability were more likely to be arrested than were other veterans.
- [Analyses indicated that] arrests were found to be significantly related to younger age, male gender, having witnessed family violence, prior history of arrest, alcohol/drug misuse, and PTSD with high anger/irritability but were not significantly related to combat exposure or TBI.

Source: Finlay, A. K., Binswanger, I. A., Smelson, D., Sawh, L., McGuire, J., Rosenthal, J., et al. (2015). Sex differences in mental health and substance use disorders and treatment entry among justice-involved veterans in the Veterans Health Administration. *Medical Care*, 53(4 Suppl 1), S105–S111.

- Over half of veterans in the criminal justice system have mental health or substance use disorders. However, there is a critical lack of information about female veterans in the criminal justice system and how diagnosis prevalence and treatment entry differ by sex.
- [The researchers conducted a] retrospective cohort study using national Veterans Health Administration clinical/administrative data from veterans seen by Veterans Justice Outreach Specialists in fiscal years 2010–2012. A total of 1535 females and 30,478 male veterans were included.
- [The study found that]:
 - Among female veterans, prevalence of mental health and substance use disorders was 88% and 58%, respectively, compared with 76% and 72% among male veterans.
 - Women had higher odds of being diagnosed with a mental health disorder and lower odds of being diagnosed with a substance use disorder compared with men.
 - Women had lower odds of entering mental health residential treatment.

Source: National Institute of Corrections. (n.d.). Justice-involved veterans. From <http://nicic.gov/veterans> (accessed April 12, 2016).

- **National Veterans Treatment Court Enhancement Initiative**—The National Institute of Corrections [NIC] and the Bureau of Justice Assistance, in partnership with the Center for Court Innovation, are developing a number of new tools to help Veterans Treatment Courts better serve the needs of justice-involved veterans while also protecting crime victims and ensuring community safety. More than 200 Veterans Treatment Courts have been launched across the country in recent years, and the success of these courts is demonstrated both in research and in the stories of veterans who credit Veterans Treatment Courts with helping to repair their lives. Until now, however, there have been no evidence-based screening and assessment tools designed specifically for court-involved veterans, and these courts have not had specialized guidelines for developing treatment and supervision plans for court participants.
- Under the National Veterans Treatment Court Enhancement Initiative, NIC and the Center will work with a multi-disciplinary committee of subject matter experts to develop three important new tools. First, a short screening survey will help courts

- identify veterans in the justice system and make a preliminary determination about their eligibility for Veterans Treatment Court. Second, a comprehensive assessment instrument will enable Veterans Treatment Courts to develop a more thorough understanding of participants' needs. And finally, a case planning protocol will help Veterans Treatment Courts develop individualized treatment and supervision plans that are carefully-tailored to meet the needs of each participant and give them the best chance of success.
- After developing these new tools, NIC and the Center will select several Veterans Treatment Courts around the country to pilot test the tools and begin collecting detailed data about how they perform in the field. NIC will then support a rigorous evaluation of the new tools with the goal of establishing them as evidence-based resources that can be used by Veterans Treatment Courts nationally. Ultimately, this project will strengthen the ability of Veterans Treatment Courts to deliver the best possible services to veterans and promote veterans' successful reintegration into the community.

Source: Mead, M. J., & Atkins, A. C. (Eds.). (2012). *A re-entry roadmap for veterans incarcerated in Virginia: Re-entry roadmap*. U.S. Department of Veterans Affairs, Virginia Department of Veterans Services, and Virginia Department of Corrections. From <http://nicic.gov/library/028300> (accessed April 12, 2016).

- While designed specifically for veterans returning to the community after incarceration, this manual is a good example for other states developing or revising their own veteran re-entry manuals. Sections cover: VA benefits during incarceration; getting started—Virginia Community Re-entry Initiative, Virginia department of Veterans Services, Virginia Wounded Warrior Program, healthcare, employment, financial assistance, legal assistance, women veterans, and additional services; resources available for emergency assistance, healthcare, Virginia services for veterans, housing (shelter and food), re-entry services, and additional information; a checklist of things to do by the justice-involved veteran; and addresses for Community Services Boards (CSBs) by Health Planning Region (HPR).

Source: Wisconsin Multiagency Task Force on Incarcerated Veterans. (2013). *A guidebook for incarcerated veterans in Wisconsin*. From <http://nicic.gov/library/028304> (accessed April 12, 2016).

- 'This booklet is a tool for Incarcerated Veterans and their families who may want access to support services that promote a better and new manner of living' When these programs are used properly, the benefits may help to minimize the outside pressures incarcerated veterans experience when released. This guidebook addresses the process of economics, social acceptance and reestablishment for incarcerated veterans as they return to society.

Source: Ramirez, R., & Van Dieten, M. (2013). *Responding to the needs of women veterans involved in the criminal justice system*. National Resource Center on Justice Involved Women. From <http://nicic.gov/library/028183> (accessed April 12, 2016).

- This document highlights the unique experiences and needs of women veterans who become justice-involved and offers a gender and trauma informed approach that criminal justice practitioners can use to more effectively manage this population.

Source: Pennsylvania Unified Judicial System and Robert Morris University. (2012). Volunteer Veteran Mentors Program. From <http://nicic.gov/library/026746> (accessed April 12, 2016).

- This on-line training program is designed for individuals wanting to become volunteer mentors in Veterans Courts.

Source: Henry, H. F., Berger, T. J., Edelman, B., Stefanovic, N., Fitzgerald, M., Russel, R., et al. (2015). Veterans treatment courts: A second chance for vets who have lost their way (Internet broadcast). From <http://nicic.gov/library/029869> (accessed April 12, 2016).

- This program on justice-involved veterans, highlights the lifesaving role being played by veterans treatment courts (VTCs) across the country.
- Veterans Treatment Courts, or VTCs, provide hope, restore families and save lives. The first VTC, founded in 2008 in Buffalo, New York, has inspired the creation of more than 220 courts of similar nature in jurisdictions, both large and small, across the country. Hundreds more are in various stages of planning and implementation.
- These courts have the support of the communities they serve, as well as the U.S. Department of Veterans Affairs and local service providing agencies. Critical to the success of VTCs are veterans who volunteer to be trained and serve as mentors to justice-involved veterans.
- This training program will: Introduce Veterans Treatment Courts as an effective intervention and an alternative to incarceration for justice-involved veterans; Identify the unique issues which contribute to veterans' involvement in the criminal justice system at the local, state and federal levels; Highlight the inception of Veterans Treatment Courts and the role they play in improving public safety, reducing recidivism, saving taxpayer dollars and, most importantly, restoring the lives of those who have served our country; Showcase model Veterans Treatment Court Programs, including Veterans Peer Mentor Programs; Demonstrate how to implement and sustain an effective VTC, including the vital role of the U.S. Department of Veterans Affairs and Veteran Peer Mentors; and Provide resources and next steps for jurisdictions interested in implementing a Veterans Treatment Court or looking to improve an existing program.

Source: National Center for State Courts. (n.d.). Veterans courts resource guide. From <http://www.ncsc.org/Topics/Problem-Solving-Courts/Veterans-Court/Resource-Guide.aspx> (accessed April 12, 2016).

- [This website offers citations and links to resources on veterans courts, including their development, federal legislation, organizations, and materials relevant to states.]

Source: Bilchik, S. (2011, May 31). Five emerging practices in juvenile reentry. Council of State Governments Justice Center. From <https://csgjusticecenter.org/youth/posts/five-emerging-practices-in-juvenile-reentry/> (accessed April 12, 2016).

- As many as 100,000 youth under the age of 18 are released from juvenile correctional facilities every year. These young people often return to their communities with complex needs, such as physical and behavioral health issues and barriers to education and employment.
- [This article discusses the following five emerging areas in youth reentry policy and practice:]
 - 1. Integrate the science of adolescent brain development in the design of reentry initiatives.** The brain is not fully developed during adolescence and into the mid-twenties, leaving youth particularly susceptible to spontaneous and less-reasoned decision-making, as well as the powerful impact of peer pressure. These findings have strong implications for reentry planning, case management, and supervision strategies. Reentry planning should be grounded in cognitive approaches (e.g., cognitive behavioral therapy) that are responsive to adolescent brain development. Furthermore, cognitive approaches should be applied through an “ecological model” that contemplates the role of the youth’s family, peer group, school and community in dealing with his or her individual issues.

Case workers and supervision officers should be prepared to

 - Engage the youth’s family as a key partner in supporting the youth’s behavioral change and cognitive thought processes.
 - Work with youth to strengthen their relationships with pro-social peers, thereby reducing the negative peer influences to which many adolescents are susceptible.
 - Support the youth’s connections to school and/or work, increasing the probability that they will be influenced by the pro-social developmental opportunities provided in the school or work setting.
 - 2. Build on youths’ strengths and assets to promote pro-social development.** Approaching youth from a strength-based perspective means identifying and celebrating their assets and helping to enhance their positive qualities. Professionals working with youth in the juvenile justice system should encourage these youth to take affirmative control over their own decision-making. These professionals should think comprehensively about the development of youth and their transition to adulthood. They should adopt a “Positive Youth Development” approach rather than focusing primarily on risk factors using a deficit-based approach. Positive Youth Development emphasizes that all young people can develop positively when connected to the right opportunities, supports and relationships. Consistent with the ecological model noted above, professionals should focus on the youth’s education, career, peer groups (and relationships more broadly), role in the community, health, and his or her creativity and sense of self within the world. This involves a new way of supervising juvenile justice-involved youth by considering them evolving and malleable.
 - 3. Engage families and community members in a meaningful manner throughout the reentry process.** The vast majority of youth return from out-of-home

placement to the communities from which they were committed. Regardless of whether a youth returns to the care of a family member, foster parent, or group home, the youth will more likely than not have some level of engagement with his or her family. Research has shown that youth benefit from having pro-social parents and other relatives involved in their lives. A young person's likelihood of recidivating can be decreased by strengthening his or her family's capacities as well as intra-family relationships and communication. Professionals can use a variety of techniques to foster improved relationships between families and in-custody youth. It is important that professionals engage family as soon as the youth enters care rather than waiting for his or her imminent return to the community. Case workers and supervision officers should assist families in visiting youth during the period of incarceration, as research has shown that family contact during incarceration can result in improved in-facility behavior and post-release outcomes. If families lack transportation, case workers and supervision officers should make every effort to provide rides when they go on institutional visits. Video conferencing technology should be used to keep the youth connected to family and other community members who will be supportive during and after placement.

4. Prioritize education and employment as essential elements of a reentry plan.

A youth's connection to education and employment must be a key part of his or her rehabilitation and reentry plan. Education and work are lynchpins to a law-abiding and productive adult life. A number of factors complicate the education of youth in care. To overcome these barriers, case workers and supervision officers should have open lines of communication with the youth's home school and invite the appropriate school officials to participate on the youth's reentry team. Education liaisons or advocates should ensure that the youth's route back into the education system is open and his or her rights are respected. If a traditional education path is not feasible, case workers and supervision officers should help the youth find work that aligns with his or her interests and strengths. This may involve helping the youth obtain a GED and receive training in a particular trade. Engaging community members such as workforce development agencies and business owners in reentry initiatives can help reentry staff develop effective job training and placement support for youth.

5. Provide a stable, well-supported transition to adulthood that helps to create lifelong connections. In order to implement the case management plan and the supports and services youth need for successful reentry, we must view our work as part of a longer term and broader strategy. This strategy calls for the use of a strength-based approach not only through the youth's period of community supervision, but also as he or she exits adolescence and enters the stage of emerging adulthood. Even though the youth is no longer under supervision, he or she still needs the same type of supports and anchors as youth who are not involved in the juvenile justice system. Youth in foster care face many of the same family and community challenges as youth in the juvenile justice system. Many child welfare systems have adopted a "permanency approach" to help these youth transition to adulthood by fostering a strong set of connections to pro-social adults and peers and a sense of belonging to their community. Those who work with youth involved in the juvenile justice system should strive to instill a sense of permanency in their lives and maintain a long-term view

towards the youth's well-being. The permanency approach can be incorporated into reentry planning by reconceptualizing the traditional discharge agreement. This agreement, entered into between the youth, his or her family and supervision officer, must identify these longer-term supports. The discharge agreement can serve both as a final checklist to ensure all discharged youth have been connected to long-term services and as a resource list of appropriate adults in the youth's life who agree to serve as long term supports upon returning to the community. These supports may come in many forms, such as a school official, mentor, or adult family member.

Source: The Council of State Governments Justice Center. Reentry mythbusters. From <https://csgjusticecenter.org/nrrc/projects/mythbusters/> (accessed April 12, 2016).

- Reentry MythBusters are fact sheets designed to clarify existing federal policies that affect formerly incarcerated individuals and their families in areas such as public housing, employment, parental rights, Medicaid suspension/termination, voting rights and more.
- [This organization offers the following publications on juvenile reentry:]
 - Reentry mythbuster! On juvenile records. (n.d.) From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Juvenile_Records.pdf (accessed April 12, 2016).
 - Reentry mythbuster! On Medicaid suspension vs. termination for juveniles. (n.d.). From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Juvenile_Medicaid.pdf (accessed April 12, 2016).
 - Reentry mythbuster! On youth access to education upon reentry. (n.d.). https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Youth_Access_Ed.pdf (accessed April 12, 2016).

Supports for Health and for Employment, Training, or Education To Promote Recovery for People With Mental or Substance Use Disorders Who Are Incarcerated

Health

Source: SAMHSA. (2015, August 27). SAMHSA's efforts on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> (accessed April 12, 2016).

- The Affordable Care Act presents opportunities to expand coverage to individuals who generally have not had health insurance in the past and are reentering the community from jails and prisons. [SAMHSA's Enrollment Coalitions Initiative](#) targets these uninsured individuals in the new [Health Insurance Marketplace](#) through its Criminal Justice Organizations coalition. This initiative developed the [Criminal Justice Health Insurance Market Toolkit](#) (link is external). The Health Insurance Marketplace website also has outreach and education information for people in [courts and corrections systems](#). Or visit [Healthcare.gov's section on incarcerated people](#) to learn more.

Source: Centers for Medicare & Medicaid Services. (n.d.). Ten ways corrections systems can help link returning offenders to health insurance. From <https://marketplace.cms.gov/outreach-and-education/corrections-systems.pdf> (accessed April 12, 2016).

- [This document, specifically for those who work in corrections systems, explains the vital role these professionals have in helping people involved with the criminal justice system obtain health care coverage.] By providing information and application assistance, they can help ensure that probationers and parolees with mental illness, substance use disorders and other chronic illnesses gain access to medical and behavioral health care upon release. This can improve the continuity of care and help reduce violations and recidivism, as well as help protect public health and safety.

Source: Centers for Medicare & Medicaid Services. (n.d.). Ten ways jails can help make connections to new health insurance opportunities. From <https://marketplace.cms.gov/outreach-and-education/ten-ways-jails.pdf> (accessed April 12, 2016).

- [This document, specifically for those who work in jails, explains the vital role these professionals have in helping people involved with the criminal justice system obtain health care coverage.] By providing information and application assistance, they can help ensure that probationers and parolees with mental illness, substance use disorders and other chronic illnesses gain access to medical and behavioral health care upon release. This can improve the continuity of care and help reduce violations and recidivism, as well as help protect public health and safety.

Source: Centers for Medicare & Medicaid Services. (n.d.). Ten ways court systems can help make connections to new health insurance opportunities. From <https://marketplace.cms.gov/outreach-and-education/ten-ways-court-systems.pdf> (accessed April 12, 2016).

- [This document, specifically for those who work in court systems, explains the vital role these professionals have in helping people involved with the criminal justice system obtain health care coverage.] By providing information and application assistance, they can help ensure that probationers and parolees with mental illness, substance use disorders and other chronic illnesses gain access to medical and behavioral health care upon release. This can improve the continuity of care and help reduce violations and recidivism, as well as help protect public health and safety.

Source: Centers for Medicare & Medicaid Services. (n.d.). Ten ways probation & parole officers can help link people to new health insurance opportunities. From <https://marketplace.cms.gov/outreach-and-education/ten-ways-probation-and-parole.pdf> (accessed April 12, 2016).

- [This document, specifically for probation and parole officers, explains the vital role these professionals have in helping people involved with the criminal justice system

obtain health care coverage.] By providing information and application assistance, they can help ensure that probationers and parolees with mental illness, substance use disorders and other chronic illnesses gain access to medical and behavioral health care upon release. This can improve the continuity of care and help reduce violations and recidivism, as well as help protect public health and safety.

Source: Federal Bureau of Prisons. (n.d.). Medical care. From http://www.bop.gov/inmates/custody_and_care/medical_care.jsp (accessed April 12, 2016).

- [This website describes the essential health care services provided by the Federal Bureau of Prisons.]

Source: Healthcare.gov. (n.d.). Incarcerated people. From <https://www.healthcare.gov/incarcerated-people/> (accessed April 12, 2016).

- [This website provides information on the Health Insurance Marketplace under the Affordable Care Act for people who are serving a term in jail or prison. It also explains about applying for Medicaid while incarcerated and dealing with the Marketplace after release from incarceration.]

Employment, Education, or Training

Source: Unicor.gov. (n.d.). Education and vocational training. From http://www.unicor.gov/Education_and_Vocational_Training.aspx (accessed April 12, 2016).

- [This website summarized educational and vocational training programs offered by the Bureau of Prisons—including literacy and English-as-a-second-language programs.]
- [The Bureau of Prisons] provides a wide range of occupational training programs, which give inmates the opportunity to obtain marketable skills. Course offerings are based on general labor market conditions, institution labor force needs, and vocational training needs of inmates. Also, many institutions have established apprenticeship programs, which are registered with the Bureau of Apprenticeship and Training of the U.S. Department of Labor.
- Adult Continuing Education (ACE) activities are formal instructional classes designed to enrich inmates' general knowledge in a wide variety of subjects, such as writing, foreign languages, and math. Parenting programs are offered throughout the Bureau of Prisons. These programs are designed to help inmates maintain family ties and parental bonds during incarceration. Activities include parenting education, community-based social services, family literacy programs, and parent/child visiting room activities.

Source: Unicor.gov. (n.d.). Mock job fairs. From <http://www.unicor.gov/MockJobFairs.aspx> (accessed April 12, 2016).

- The success of mock job fairs has made a positive impact on lowering the likelihood of recidivism. This translates into lower incarceration costs and lower crime rates.

Source: Unicolor.gov. (n.d.). Employing ex-offenders. From http://www.unicor.gov/Inmate_Employment.aspx (accessed April 12, 2016).

- [This website discusses two programs to assist employers who hire ex-offenders as well as the benefits of involving these individuals in the workplace.]

Source: Unicolor.gov. (n.d.). Employment resource center guide. From http://www.unicor.gov/InmateTransition_EmploymentResourceCenterGuide.aspx (April 12, 2016).

- [This website describes what correctional facilities will need to establish an appropriate employment resource center.]

Source: National Institute of Corrections. (n.d.). Transition and offender workforce development. From <http://nicic.gov/owd> (accessed April 12, 2016).

- [This website provides links to information and programs related to vocational training in the criminal justice system, including publications for corrections administrators.]

Source: RAND Corporation. (2013, August 22). Educational and vocational training in prisons reduces recidivism, improves job outlook. From <http://www.rand.org/news/press/2013/08/22.html> (accessed April 12, 2016).

- [This press release summarizes the main points from a RAND Corporation [report on prison-based education and training programs](#).]
- Prison inmates who receive general education and vocational training are significantly less likely to return to prison after release and are more likely to find employment than peers who do not receive such opportunities.
- The findings, from the largest-ever meta-analysis of correctional educational studies, suggest that prison education programs are cost effective, with a \$1 investment in prison education reducing incarceration costs by \$4 to \$5 during the first three years post-release.

Source: Brazzell, D., Crayton, A., Mukamal, D., Solomon, A. L., & Lindahl, N. (2009, September 23). From the classroom to the community: Exploring the role of education during incarceration and reentry. The Urban Institute. From http://www.urban.org/research/publication/classroom-community/view/full_report (accessed April 12, 2016).

- This report surveys the current landscape of correctional education, discussing both the educational needs of people involved in the criminal justice system and the programs being provided to meet those needs.

- It reviews research on the effectiveness of correctional education; outlines the guiding principles for effective programming; discusses the issues involved in providing education in correctional settings; and identifies some potential responses to these challenges.
- The report closes by looking to the future and highlighting key issues and new directions in research, policy, and practice.

Source: Federal Bureau of Prisons. (n.d.). Education programs. From http://www.bop.gov/inmates/custody_and_care/education.jsp (accessed April 12, 2016).

- [This website describes the educational programs provided by the Federal Bureau of Prisons.]
- All institutions offer literacy classes, English as a Second Language, parenting classes, wellness education, adult continuing education, library services, and instruction in leisure-time activities.
- In most cases, inmates who do not have a high school diploma or a General Educational Development (GED) certificate must participate in the literacy program for a minimum of 240 hours or until they obtain the GED. Non-English-speaking inmates must take English as a Second Language.
- Vocational and occupational training programs are based on the needs of the inmates, general labor market conditions, and institution labor force needs. An important component is on-the-job training, which inmates receive through institution job assignments and work in Federal Prison Industries. The Bureau also facilitates post-secondary education in vocational and occupationally oriented areas. Some traditional college courses are available, but inmates are responsible for funding this coursework.
- Parenting classes help inmates develop appropriate skills during incarceration. Recreation and wellness activities encourage healthy life styles and habits. Institution libraries carry a variety of fiction and nonfiction books, magazines, newspapers, and reference materials. Inmates also have access to legal materials to conduct legal research and prepare legal documents.

Vital Role of Peers in Supporting Community Re-entry and Recovery of People With Mental or Substance Use Disorders

Source: Richey, M. (2015, August 14). For the formerly incarcerated, peer mentoring can offer a chance to “give back.” The Council of State Governments Justice Center. From <https://csgjusticecenter.org/nrrc/posts/for-the-formerly-incarcerated-peer-mentoring-can-offer-chance-to-give-back/> (accessed April 12, 2016).

- The use of specially trained peer mentors—supportive mentors who have similar life experiences to their mentees—is increasingly popular among reentry service providers nationally. In the case of reentry, peer mentors have been previously incarcerated and have successfully rejoined the community, attaining housing, employment, and other hallmarks of stability.

- With special certification, peer mentors can help with a mentee’s clinical recovery process in addition to offering specialized advice and support based on their own experiences navigating the complex systems of reentry services.
- [This article goes on to describe how an agency in Wayne County, Michigan, has integrated peer support specialists into its work to help low-income individuals who have serious mental and behavioral health needs. This organization was a Second Chance Act mentoring grantee.]

Source: Randall, M., & Ligon, K. (2014, August 6). From recidivism to recovery: The case for peer support in Texas correctional facilities. Center for Public Policy Priorities. From <http://nicic.gov/library/028499> (accessed April 12, 2016).

- Mental health peer support is a recovery-oriented, evidence-based practice in which a “peer,” who has a lived experience of mental illness and has gone through a recovery process, provides mentorship and support to another individual with mental illness currently in the process of recovery.
- Peer support encompasses a broad spectrum of peer-provided services, ranging from assisting with community connections and integration to more informal individual or group support sessions. All peer support, however, is founded upon the principles of mutual support, respect, empathy, empowerment, personal responsibility, and the sharing of personal stories. Peers who provide these services may be referred to as peer support specialists or peer providers.
- A growing body of evidence indicates that peer support improves quality of life and supports recovery for individuals with mental illness. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) funded a 10-year study from 1998 to 2008 examining the effects of providing peer support services as a supplement to traditional mental health services for individuals with serious mental illness. The study demonstrated that individuals who receive peer support services experience significant increases in well-being and personal empowerment, as well as moderate clinical reductions in symptoms and hospitalizations, as compared to their counterparts receiving only traditional mental health services.
- Additionally, peer support specialists make contributions to recovery above and beyond what is provided by traditional mental health staff. Three of these unique contributions are: role modeling, street smarts, and empathy. In sharing their personal stories, peer support specialists become role models for self-care and instill hope in the consumer that he or she can become the “hero of one’s own life journey.” Peers also help the consumer use experiential knowledge (i.e. street smarts) to navigate day-to-day activities, such as finding housing or accessing health and human services. These functions, importantly, occur within a relationship founded upon empathy, trust, and the mutual understanding that comes with shared lived experience. This evidence suggests that peer support services are not merely a supplement to traditional mental health services but are actually complementary to the comprehensive array of services necessary to fully support recovery for individuals with mental illness.

Role of Families in the Recovery of People Re-entering the Community

Source: diZerega, M. (2010). Engaging offenders' families in reentry. Vera Institute of Justice. From <http://www.cdcr.ca.gov/Reports/docs/External-Reports/Engaging-Offenders-Families-in-Reentry.pdf> (accessed April 15, 2015).

- [This coaching packet focuses on the role of the family—broadly defined as anyone committed to the person involved in the justice system—in supporting re-entry.]
- New research is emerging that demonstrates that strategies targeting stronger relationships between offenders and their families correlate with better offender outcomes. For this reason, corrections agencies and their partners are becoming increasingly interested in the role families can play in promoting successful reentry.
- Families of offenders can serve as critical partners to corrections and supervision agencies in a number of ways. Family members have an intimate knowledge and understanding of each other, and are frequently available to provide support or intervention at any hour, day or night. Family support does not cost money to access, unlike most programs and services. Also, family members usually share regional, ethnic, and family culture, which is not necessarily true of the agency or organizational staff that provide services or supervision.
- The literature demonstrates that families and social networks provide significant support to incarcerated and reentering offenders. Studies indicate the following:
 - Families are the major provider of housing for offenders upon release, which is the most critical and immediate concern of offenders leaving prison.
 - Aside from employment, families are the most common source of financial support for offenders after release.
 - Many offenders use family members, relatives, or friends in order to secure a job following release.
 - Offenders rely heavily on family members for their transportation needs once they are living in the community.
 - In the vast majority of cases, family members—such as the non-incarcerated parent, grandparents, or other relatives—take over responsibilities for child rearing in the absence of the incarcerated parent.
 - Family members provide emotional support to offenders during a stressful transition in their lives.
 - Surveys of offenders in prison and in the community cite family support as important to keeping them from recidivating.
- Substance-addicted offenders and ex-offenders have better outcomes when their families are involved in helping them overcome their addiction; however, these families need to be provided with a range of support services to increase their capacity to address the needs of their addicted family member. After 6 months, a significantly greater percentage of adult participants in a program using these techniques stopped using drugs (36%), as compared to non-participants (5%).
- In a survey of 400 males released from prison to communities in Chicago, Illinois, exoffenders involved with an intimate partner (i.e., spouse or girlfriend) exhibited better post-incarceration employment outcomes: they were employed for more weeks on average than prisoners without a partner.
- The simple perception of support can be a powerful motivator. The literature shows that offenders who perceive that they have close family relationships or family support

—that their family will assist them with housing or financial support, or that their family accepts them—exhibit better employment and substance abuse outcomes.

- In addition to correlating with successful intermediate reentry outcomes, family relationships also play a role in keeping offenders from returning to crime. Research indicates that family support can positively influence young people under juvenile justice supervision as well as adults reentering their communities from prison.
- Perhaps the most consistent finding in the literature is that the more contact adult offenders have with their families while they are incarcerated (i.e., visitation, phone calls), the less likely they are to recidivate.
- A study of a multiple-family group-intervention (MFGI) program for first-time juvenile offenders found that juveniles who completed the program were 9.3 times less likely to reoffend as compared to juveniles placed on traditional probation.
- In a sample of returning prisoners to Chicago, positive family support (i.e., whether prisoners felt loved by, close to, and supported by family members) was associated with lower reconviction rates, while respondents who reported having negative family relationships were more likely to be reconvicted.

Panel 4: Resources for Communities and Families

Key Questions

- 1. How can communities prepare for the release of offenders from their criminal justice systems?**
- 2. What are some examples of community practices that ease re-entry challenges?**
- 3. What are some efforts and resources to help communities support successful re-entry?**
- 4. What are some resources to help the families of people involved with the criminal justice system and the agencies that provide services to them?**
- 5. What are some SAMHSA resources and efforts to address trauma among people in the criminal justice system?**
- 6. What are some resources and efforts that support the treatment of mental or substance use disorders among people who are incarcerated?**
- 7. What are some SAMHSA efforts and resources to promote recovery among people with behavioral health problems who are involved in the criminal justice system?**
- 8. How does the SAMHSA GAINS Center for Behavioral Health and Justice Transformation help promote recovery among people with behavioral health problems in the criminal justice system?**

Communities—Preparing for Release of Offenders

Source: Federal Bureau of Prisons. (n.d.). Completing the transition. From https://www.bop.gov/about/facilities/residential_reentry_management_centers.jsp (accessed April 12, 2016).

- The [Bureau of Prisons] BOP contracts with residential reentry centers (RRCs), also known as halfway houses, to provide assistance to inmates who are nearing release. RRCs provide a safe, structured, supervised environment, as well as employment

counseling, job placement, financial management assistance, and other programs and services. RRCs help inmates gradually rebuild their ties to the community and facilitate supervising ex-offenders' activities during this readjustment phase.

- Residential Reentry Centers provide programs that help inmates rebuild their ties to the community and reduces the likelihood that they will recidivate.
- In-house counts are conducted throughout the day at scheduled and random intervals. An inmate is only authorized to leave the RRC through sign-out procedures for approved activities, such as seeking employment, working, counseling, visiting, or recreation purposes. During the approved activity, the inmate's location and movements are constantly monitored and RRC staff may visit or call them at any time. In addition, when the inmate returns they may be given a random drug and alcohol test.
- RRC staff assist inmates in obtaining employment through a network of local employers, employment job fairs, and training classes in resume writing, interview techniques, etc. Ordinarily, offenders are expected to be employed 40 hours/week within 15 calendar days after their arrival at the RRC.
- During their stay, offenders are required to pay a subsistence fee to help defray the cost of their confinement; this charge is 25 percent of their gross income, not to exceed the per diem rate for that contract. The contractor assists inmates in locating suitable housing (if necessary), to which they can release from the RRC. In cases where an inmate will be released with supervision, the contractor verifies the proposed address and forwards its comments to the U.S. Probation Office.
- RRCs offer drug testing and substance abuse programs. Based upon the inmate's needs and substance abuse history, they may be referred for substance abuse treatment by contracted treatment providers. In addition, inmates who have completed the Residential Drug Abuse Program (RDAP) while confined at a BOP institution are expected to continue their drug treatment with these certified community treatment providers under contract with the BOP.
- RRC contractors provide offenders an opportunity to access medical and mental health care and treatment. The intent is to assist the offender in maintaining continuity of medical and mental health care and treatment. Inmates ordinarily transfer from an institution to an RRC with an initial supply of required medications.

Source: Council of State Governments Justice Center. (n.d.). What works in reentry clearinghouse. Focus area: Mental health. From <https://whatworks.csgjusticecenter.org/focus-area/mental-health> (accessed April 12, 2016).

- A significant share of individuals confined in correctional institutions experience severe mental illnesses; of those, many have co-occurring physical health and substance use issues. These individuals do not always receive needed treatment or medication to address their mental health needs, either inside or outside the correctional institution. The barriers they must overcome in order to access care are significant and can present serious consequences. For instance, a period of incarceration may result in suspension or loss of Medicaid eligibility, and restoring eligibility can take several months. This can result in an interruption in receiving prescriptions and put a person at a higher risk of relapse and recidivism.
- This [website] provides an overview and examination of key evaluative research related to mental health programming for incarcerated populations and those recently released

from prison. This research investigates the relationship between an individual's mental health and the likelihood that he or she will recidivate.

- **What the Research Says about Mental Health Programs**

1. *Comprehensive Programs Providing Continuity of Care*—Broadly speaking, programs that use a continuity of care approach provide participants intensive case management while the individual is incarcerated, refer him or her to outside service providers prior to release, and continue to offer post-release case management and other services in the community. In each of the four studies of reentry programs falling into this category, researchers found significant reductions in recidivism among program participants, suggesting these types of programs may be effective at reducing recidivism. Programs falling under this area include the Mental Health Services Continuum Program, Dangerous Mentally Ill Offender Program, Mentally Ill Offender Community Transition Program, and Connections Program.
2. *Curriculum-Based Programs*—At this point, three curriculum-based programs are included, although more will be added over time. These programs are not necessarily designed for those with a diagnosed mental illness; rather, they aim to improve reentry outcomes for a more general population of inmates by focusing on cognition and mental well-being. The Lifestyle Change Program, which was found to have a beneficial impact on recidivism, features 70 weeks of classes (including a phase that incorporates a cognitive-behavioral approach). Classes focus on problem solving, goal setting, managing stress and fear, and improving cognitive skills. Another program, Moving On, was also associated with reductions in recidivism. This program involves a 26-session curriculum for female inmates. However, a third program—the Violence Prevention Program—was not found to have significant effects on recidivism.
3. *Other Programs*—Three interventions were identified that did not fall into either of the preceding categories. A Transcendental Meditation program, which focused on decreasing mental and physical stress through daily meditation, was associated with reductions in recidivism. An evaluation of the effects of Medicaid benefits for severely mentally ill individuals returning from jail likewise found beneficial effects on recidivism. Finally, a study of individuals incarcerated in social therapy institutions in Germany did not find evidence of reduced recidivism; unfortunately, the study provided very limited information about the nature of the intervention studied.

Source: Council of State Governments Justice Center. (n.d.). What works In reentry clearinghouse. Focus area: Substance abuse. From <https://whatworks.csgjusticecenter.org/focus-area/substance-abuse> (accessed April 12, 2016).

- For people transitioning from incarceration back to their communities, substance abuse is often closely related to their difficulties with housing, employment, and mental health. Research on the effectiveness of various in-prison and community-based substance abuse intervention programs in improving reentry outcomes has begun to show what approaches reduce recidivism, promote public safety, and improve the lives of the formerly incarcerated and their families. However, more research is needed to

develop a better understanding of what works, for whom, and under what circumstances.

- This [website] provides an overview and examination of key research on the relationship between substance abuse program participation and recidivism, substance use, employment, and mental health outcomes of those returning from incarceration.
- Based on a systematic review of literature published through 2010, 16 evaluations of in-prison therapeutic community (TC) programs met criteria for methodological rigor. Across these 16 studies, most found that program participation had a positive impact on both recidivism and substance abuse. Many of the evaluations of TC programs included analyses examining the effects of participation in aftercare programs. Overall, the findings suggest that the presence of a formal aftercare may be effective at supporting improved outcomes, but potential selection biases may muddle these findings. Among the six studies reviewed that assessed the effectiveness of TC programs with female inmates, a strong pattern emerged in which gender-responsive treatment was more likely to yield positive outcomes than traditional TC treatment.
- The two programs that were determined to have a strong evidence of a beneficial effect on recidivism were the Offender Substance Abuse Pre-Release Program (OSAPP), an in-prison program designed for those with moderate to severe substance abuse problems, and a program of community-based social support treatment for parolees with a history of heroin and/or cocaine abuse (however, the study of the social support program did not find any evidence that the program affected substance use or employment outcomes).
- Four studies found modest evidence of an effect on recidivism: a study of the Drug Offender Sentencing Alternative (DOSA) policy, which created a program under a Washington state law that allows judges to incentivize certain individuals by offering a reduced prison sentence in exchange for completing substance abuse treatment; a study of five jail-based substance abuse treatment programs; a study of two programs modeled on the 12-step facilitation model; and one of two studies of the Treatment Alternatives to Street Crime (TASC) program in Colorado (both which rely on effective case management to connect formerly incarcerated individuals to community-based treatment providers).

Source: Council of State Governments Justice Center. (n.d.). What works In reentry clearinghouse. Focus area: Employment. From <https://whatworks.csgjusticecenter.org/focus-area/employment-topic> (accessed April 18, 2016).

- Conventional wisdom states that finding a job is one of the most important elements for a person to successfully transition from incarceration back into the community. In fact, individuals returning home from prison often identify employment as the most important factor that helped them stay crime free. While studies have shown that employment can help decrease the likelihood [that] an individual will reoffend and recidivate, in general research on the relationship between participation in employment programs and recidivism has yielded mixed results.
- This [website] provides an overview and examination of key evaluative research investigating the relationship between reentry employment programs and recidivism reduction.
- The National Supported Work Demonstration Project, which places participants in community-based work crews, was found to have significant effects on recidivism.

- [This organization also offers the following Reentry MythBusters to educate people about hiring people leaving incarceration:]
 - Reentry mythbuster! On federal bonding program. (n.d.). From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Federal_Bonding.pdf (accessed April 18, 2016).
 - Reentry mythbuster! On hiring/criminal records guidance. (Revised October 2012). From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Employment.pdf (accessed April 18, 2016).
 - Reentry mythbuster! On federal hiring policies. (Revised March 2015). From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Fed_Employment.pdf (accessed April 18, 2016).
 - Reentry mythbuster! On the work opportunity tax credit. (n.d.). From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_Employer_Tax_Credits.pdf (accessed April 18, 2016).
 - Reentry mythbuster! On criminal histories and employment background checks. (n.d.). From https://csgjusticecenter.org/wp-content/uploads/2012/11/Reentry_Council_Mythbuster_FCRA_Employment.pdf (accessed April 18, 2016).

Source: Council of State Governments Justice Center. (2014, June 15). Snapshot: Employment. From <https://csgjusticecenter.org/nrrc/federal-interagency-reentry-council/publications/snapshots-employment/> (accessed April 18, 2016).

- Two out of every three men were employed before they were incarcerated, and many were the primary financial contributors in their households. Individuals who have been incarcerated can expect future annual earnings to be reduced by some 40 percent after they return to their communities and the societal and economic impacts are substantial. The Reentry Council is working to reduce barriers to employment, so that people with past criminal involvement—after they have been held accountable and paid their dues—can compete for appropriate work opportunities in order to support themselves and their families, pay their taxes, and contribute to the economy.

Source: Council of State Governments Justice Center. (n.d.). What works in reentry clearinghouse. Focus area: Education. From <https://whatworks.csgjusticecenter.org/focus-area/education> (accessed April 18, 2016).

- In today's competitive workforce, educational credentials are increasingly important for securing employment, but many prison and jail inmates have low educational attainment. Recognizing this need, many correctional institutions offer educational programs, including adult basic education, high school or GED programs, college or post-secondary programs, and vocational training. Research on the degree to which these

various educational programs promote reentry success can help jail and prison administrators determine how to distribute their limited resources.

- [This website provides] an overview of research on the effects of participating in educational programming, on recidivism and employment outcomes after incarceration.
- [This organization also offers the following Reentry MythBusters to educate people about educational opportunities for people leaving incarceration:]
 - Reentry mythbuster! On federal student financial aid. (n.d.). From https://csgjusticecenter.org/wp-content/uploads/2013/03/Reentry_Council_Mythbuster_Student_Financial_Aid.pdf (accessed April 18, 2016).
 - Reentry mythbuster! On student records. (2013, June). From <https://csgjusticecenter.org/nrrc/publications/reentry-mythbuster-on-student-records/> (accessed April 18, 2016).

Source: Council of State Governments Justice Center. (2013, June 12). Snapshot: Education. From <https://csgjusticecenter.org/nrrc/federal-interagency-reentry-council/publications/snapshots-education/> (accessed April 18, 2016).

- In a major federal study of individuals released from state prisons, 94 percent of incarcerated adults nearing release identified education as a key reentry need. Most incarcerated adults did not complete high school, although many have subsequently earned equivalency diplomas. Education is a core resource for release preparation, and is an evidence-based tool for reducing recidivism among adults and juveniles. For example, empirical research in the federal prison system, where literacy education programming is mandatory for most inmates, has demonstrated that participation in education programming is associated with a 16-percent reduction in recidivism. Education is also a critical building block for increasing employment opportunities.

Source: Council of State Governments Justice Center. (n.d.). What works in reentry clearinghouse. Focus area: Housing. From <https://whatworks.csgjusticecenter.org/focus-area/housing> (accessed April 18, 2016).

- Securing housing is one of the most immediate challenges individuals leaving prison face upon their release. Research has shown that the types of living arrangements and neighborhoods to which exiting prisoners return are often related to the likelihood that they will recidivate and return to prison. While many of the formerly incarcerated stay with family members—at least early on, others are confronted by limited housing options. This is especially true for those with mental health or substance abuse problems. Obtaining housing is complicated by a host of factors, including the scarcity of affordable and available housing, legal barriers and regulations, landlords' prejudices against formerly incarcerated individuals, and strict eligibility requirements for federally subsidized housing.
- This [website] provides an overview and examination of key evaluative research investigating the relationship between housing programs and recidivism reduction.

- [This organization also offers the following publication to educate people about housing policies for people leaving incarceration and to debunk the myth that individuals who have been convicted of a crime are banned from public housing:]
 - Reentry myth buster! On public housing. (n.d.). From https://csgjusticecenter.org/wp-content/uploads/2012/12/Reentry_Council_Mythbuster_Housing.pdf (accessed April 18, 2016).

Source: National Alliance to End Homelessness. (n.d.). Re-entry. From http://www.endhomelessness.org/pages/re_entry (accessed April 18, 2016).

- Housing problems, including homelessness, are common among individuals leaving the corrections system. They tend to have limited or low incomes, and, often due to their criminal history, lack the ability to obtain housing through the channels that are open to other low-income people. As a result, one in five people who leave prison becomes homeless soon thereafter, if not immediately.
- In fact, a California Department of Corrections study found that in major urban areas such as San Francisco and Los Angeles, the percentage of parolees who are homeless can be as high as 30 to 50 percent at any given time. Preliminary studies indicate that those who leave prison and become homeless are substantially more likely to return to prison than those with stable housing.
- One effective model for addressing this problem is “re-entry housing,” which is subsidized housing with associated intensive support services directed especially toward people with disabilities. According to a cost analysis by the Corporation for Supportive Housing, a single re-entry housing unit in New York used by two people over one year can save \$20,000 to \$24,000 relative to the cost of release to shelter and re-incarceration.
- Another common intervention involves working with the extended families of people leaving prison. About 80 percent of people leaving prison live with family members, at least initially. Many of these situations quickly become unstable and often result in homelessness. Work by the Vera Institute of Justice, however, has shown that providing a modest amount of services for these families can have a stabilizing impact, preventing both homelessness and recidivism.

What Works—Communities and Re-entry

Source: Treatment Alternatives for Safe Communities. (n.d.). Clinical pre-release and reentry services. From <http://www2.tasc.org/program/clinical-pre-release-and-reentry-services> (accessed April 18, 2016).

- TASC works in collaboration with the Illinois Department of Corrections (IDOC) and the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA) to provide a range of services for men and women being released from Illinois prisons. Based on TASC’s clinical expertise as well as our neutral, third-party status, and pursuant to Illinois administrative rule (Title 20, Section 470.80), TASC is the agency

designated to conduct substance abuse assessments and make treatment recommendations and referrals for IDOC. TASC has provided clinical reentry case management services in Illinois for IDOC since 1993.

- Individuals in the criminal justice system, and particularly those who have been incarcerated in state prison, represent an especially complex and challenging population in terms of service needs. In comparison to other individuals who come in contact with government systems, those in the justice system are more likely to demonstrate serious substance use and mental health disorders, and they often have a host of additional behavioral and social health risks. To increase post-release stability and self-sufficiency, and to decrease offenders' likelihood of recidivism, there is a need for the deliberate management of services to align with the mandates of corrections and parole.
- At selected state prisons, TASC provides pre-release services to assist clients in developing reentry plans and connections to community resources. These services are offered at Decatur, Graham, Logan, Sheridan, Southwestern Illinois, and the Crossroads Adult Transition Centers (ATCs).
- At the Sheridan Correctional Center and Southwestern Illinois Correctional Center, which are specifically designated as prison drug treatment and community reentry programs, TASC case managers provide assessments and connections to substance abuse treatment, mental health services, housing support, education, job training, emergency food and shelter, primary healthcare, and transportation. These programs serve as [national models](#) for reducing drug use and recidivism.
- Upon release from these institutions, TASC provides placement into community-based rehabilitative services and clinical reentry management as former offenders navigate the complex transition from supervision to community reintegration and self-sufficiency. Our continued case management services help reduce recidivism, support recovery, encourage productive self-sufficiency, and maintain long-term public safety.
- TASC serves clients at critical junctures during and after their incarceration. Inside the institutions, TASC provides pre-release services to assist clients in developing reentry plans and connections to community resources. After individuals are released from prison, TASC provides case management and follow-through to ensure that clients engage in the services they need and successfully reintegrate into their communities.

Source: Treatment Alternatives for Safe Communities. (n.d.). Youth pre- and post-release services. From <http://www2.tasc.org/program/youth-pre-and-post-release-services> (accessed April 18, 2016).

- In partnership with the Illinois Department of Juvenile Justice (IDJJ), TASC works with Illinois Youth Centers (IYC) to help young people remain drug-free and crime-free upon release from juvenile facilities across the state. The goal is to help young women and men address any pending reentry issues that may present challenges in successful completion of parole. In addition, youth in need of behavioral health treatment and reentry supports are provided supportive and continuous case management to help redirect their lives away from further substance use and involvement in the justice system.
- The TASC Reentry Program at IYC-Chicago delivers pre-release sessions to all youth prior to their Parole Board Presentations. Ongoing, post-release case management services are provided to all youth returning to Cook, Lake, Will and Winnebago Counties, and

TASC reports client progress to IDJJ Aftercare Specialists. Family engagement is also a critical function of the TASC Reentry Program, and this process begins while youth are in IYC-Chicago and continues once youth return to their communities.

- TASC works with IYC-Chicago to help young men prepare for their transitions into the community. We offer support and advocacy to youth and their families in school enrollment and community engagement. TASC staff conducts a series of pre-release Circle session on relevant topics designed to engage youth in open dialogue and peer sharing. Our post-release case management identifies support systems in the community, and ensures that youth and their families have ongoing support. TASC also provides healthcare enrollment support and assistance with obtaining vital documents and transportation, as well as optional family peace circles. Staff monitor youth and report on their progress to IDJJ Aftercare Specialists throughout program participation.

Resources and Efforts To Support Successful Community Re-entry Among People With Mental or Substance Use Disorders

Source: SAMHSA. (2015, August 27). SAMHSA's efforts on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> (accessed April 18, 2016).

- SAMHSA uses a two-pronged approach to help meet the needs of individuals returning to the community, and the needs of the community, through:
 - Supporting grant programs such as the SAMHSA Offender Reentry Program (ORP) that expands and enhances substance use treatment services for individuals reintegrating into communities after being released from correctional facilities
 - Actively partnering with other federal agencies to address myriad issues related to offender reentry through the implementation of policy changes, making recommendations to U.S. states and local governments, and eliminating myths surrounding offender reentry
- SAMHSA's Offender Reentry Program expands and enhances substance use treatment and related recovery and reentry services for adult offenders who are returning to their families and community after incarceration in state and local facilities including prisons, jails, or detention centers.
- The program encourages stakeholders to work together to give adult offenders with co-occurring substance use and mental health disorders the opportunity to improve their lives through recovery.
- The program also helps people develop the capacity and skills to become productive members of the community and reduce the probability of re-offending and re-incarceration.
- SAMHSA is involved in the Federal Interagency Reentry Council, established by the Attorney General in 2011, which works to improve the criminal justice system and connections with the community in order to minimize the challenges for people reentering the community from incarceration. The Council consists of cabinet level representatives from 20 federal agencies who work to make communities safer by reducing recidivism and victimization, assisting those who return from prison and jail to become productive citizens, and saving taxpayer dollars by lowering the direct and

collateral costs of incarceration. The Council represents a significant executive branch commitment to coordinating reentry efforts and advancing effective reentry policies. It is premised on the recognition that multiple federal agencies play a role in offender reentry. The reentry population comes into contact with a wide range of systems beyond the criminal justice system: health care systems, employment and workforce systems, housing and homeless shelters and supports, child support offices, etc. A primary focus of the Council is to remove federal barriers to successful reentry, so that motivated individuals who have served their time and paid their debts are able to compete for a job, attain stable housing, support their children and their families, and contribute to their communities. Participating Council agencies are taking concrete steps towards these ends, to not only reduce recidivism and high correctional costs but also to improve public health, child welfare, employment, education, housing, and other key reintegration outcomes.

Source: Council of State Governments Justice Center. (n.d.). National Reentry Resource Center. From <https://csgjusticecenter.org/nrrc/about/> (accessed April 18, 2016).

- The National Reentry Resource Center [NRRRC] provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, non-profit organizations, and corrections institutions working on prisoner reentry.
- The NRRRC's mission is to advance the reentry field through knowledge transfer and dissemination and to promote evidence-based best practices. Specifically, the NRRRC provides a one-stop, interactive source of current, evidence-based, and user friendly reentry information; individualized, targeted technical assistance for Second Chance Act grantees; and training, distance learning, and knowledge development to support grantees and advance the reentry field.
- [The What Works in Reentry Clearinghouse provides additional information at] <https://whatworks.csgjusticecenter.org/>

Source: STAR Center. (2012). About us. From <http://www.consumerstar.org/aboutus.html> (accessed April 18, 2016).

- The STAR Center is one of the five National Technical Assistance Centers [NTACs] funded by SAMHSA to support mental health systems transformation. The purpose of the overall program is to provide technical assistance that facilitates the restructuring of the mental health system by promoting recovery and consumer directed approaches.
- Each NTAC is organized by SAMHSA to focus on specific topic areas of concentration that can be offered through virtual training and technical assistance or product development for the whole country while also offering direct training and technical assistance to specific states, territories or tribal governments. The STAR Center is charged with supporting four target states/territories: Rhode Island, New Mexico, Puerto Rico and the District of Columbia. Our core areas of concentration are:
 - *Diversity and Cultural Outreach and Self-Help Adaptation Across the Lifespan:* includes identifying models for serving diverse cultural and age groups such as African-Americans, Hispanics/Latinos, Asian and Pacific Islanders, American Indians, Alaska Natives, individuals who are gay, lesbian, bi-sexual,

- transgendered, women, men, rural/urban inhabitants, young and older adults and/or those involved with the criminal justice system.
 - *Self-care/Self-management*: includes developing new tools and resources on self-help best practices, culturally sensitive outreach resources and technical assistance on the advances of self-directed care resources and opportunities to promote self-determination and recovery as well as establishing and strengthening local consumer networks.
- [The STAR Center has compiled resources on justice-involved individuals at <http://www.consumerstar.org/resources/JusticeInvolved.html>].

Source: SAMHSA. (2006, July 5). Addiction and the justice system: Deciphering the maze [*Road to Recovery* webcast]. From <http://store.samhsa.gov/product/Addiction-and-the-Justice-System-Deciphering-the-Maze/DVD256> (accessed April 18, 2016).

- [This webcast] clarifies the link between the substance abuse treatment and criminal justice systems. [It] examines alcohol and drug addiction treatment services available in the criminal justice system, including screening, drug courts, relapse response, and reentry support.

Source: SAMHSA. (2001, December). Continuity of offender treatment for substance use disorder: KAP keys for clinicians based on TIP 30. From <http://store.samhsa.gov/product/Continuity-of-Offender-Treatment-for-Substance-Use-Disorder/KAPT30> (accessed April 18, 2016).

- [This resource is] aimed at clinicians serving people in the criminal justice system who have alcohol abuse and drug abuse problems. [It] lists indicators of treatment success, definitions of terms, commonly used sanctions, and questions for process and outcome evaluation.

Source: SAMHSA. (2015, September). Continuity of offender treatment for substance use disorder from institution to community: Quick guide for clinicians based on TIP 30. From <http://store.samhsa.gov/product/Continuity-of-Offender-Treatment-for-Substance-Use-Disorder-from-Institution-to-Community/SMA15-3594> (accessed April 18, 2016).

- [This document] helps substance abuse treatment clinicians and case workers to assist offenders in the transition from the criminal justice system to life after release. [It] discusses assessment, transition plans, important services, special populations, and confidentiality.

Source: SAMHSA. (2004, January). Ending chronic homelessness for persons with serious mental illnesses and co-occurring substance use disorders: Blueprint for change. From <http://store.samhsa.gov/product/Ending-Chronic-Homelessness-for-Persons-with-Serious-Mental-Illnesses-and-Co-Occurring-Substance-Use-Disorders-Blueprint-for-Change/SMA04-3870> (accessed April 18, 2016).

- [This document] offers practical advice for how to end homelessness for people with serious mental illness, including those with co-occurring disorders, by planning, organizing, and sustaining a comprehensive, integrated system of care.

Source: SAMHSA. (2010). Establishing and maintaining Medicaid eligibility upon release from public institutions. From <http://store.samhsa.gov/product/Establishing-and-Maintaining-Medicaid-Eligibility-upon-Release-from-Public-Institutions/SMA10-4545> (accessed April 18, 2016).

- [This document] describes a model program in Oklahoma designed to ensure that eligible adults leaving correctional facilities and mental health institutions have Medicaid at discharge or soon thereafter. [It] discusses program findings, barriers, and lessons learned.

Source: Warwick, K., Dodd, H., & Neusteter, R. S. (2012). Case management strategies for successful jail reentry. National Institute of Corrections and Urban Institute, Justice Policy Center. From <http://nicic.gov/library/026912> (accessed April 18, 2016).

- [This brief explains the importance of continuity of care between incarceration and in-community services.]

Source: Christensen, G., Janetta, J., & Willison, J. B. (2012). The role of screening and assessment in jail reentry. National Institute of Corrections and Urban Institute, Justice Policy Center. From <http://nicic.gov/library/026911> (accessed April 18, 2016).

- [This document discusses screening and assessment as a critical part of the Transition from Jail to Community [TJC] model.] Sections of this publication include: the TJC initiative; risk and need in a triage approach; risk screening—selecting a screening instrument, administering risk screening, norming and validating the screening instrument, and using screening data; TJC screening principles; proxy triage risk screener; key implementation lessons learned—screening to determine risk of offending and assessment of criminogenic need; TJC assessment principles; assessment of criminogenic need—selecting an assessment instrument, administering assessment, and using assessment information; key implementation lessons learned—assessment of criminogenic risk/need; and lessons learned from the TJC site implementation.

Source: U.S. Department of Justice. (2015, September). Fact sheet on Second Chance Act grant program accomplishments: October 2009–March 2015. Bureau of Justice Assistance. From <https://www.bja.gov/Publications/SCAProgramAccompFactSheet.pdf> (accessed April 18, 2016).

- The Bureau of Justice Assistance (BJA) has funded seven separate SCA grant programs that provide reentry services to individuals leaving incarceration (with a focus on individuals identified as being at medium to high risk to recidivate) including supports

for housing, education, employment, and family relationships, as well as substance abuse and mental health treatment linkages, and therapy that addresses criminal thinking patterns.

- The seven programs are:
 - Targeting Adults with Co-Occurring Substance Abuse and Mental Health Disorders
 - Family-Based Prisoner Substance Abuse Treatment
 - Adult Mentoring
 - Technology Careers
 - Adult Offender Reentry Demonstration
 - State, Tribal, and Local Reentry Courts Program
 - Statewide Adult Recidivism Reduction Strategic Planning Program.
- Since 2009, SCA grant recipients have provided employment, educational, housing, mental health, substance abuse, integrated treatment, and cognitive-based services to more than 113,000 participants. These services have undoubtedly contributed substantially to the safe and successful reintegration of program participants into the community. With continued funding, SCA programs can further facilitate successful reentry while increasing public safety.

Source: Bureau of Justice Assistance (BJA). (n.d.). Second Chance Act (SCA). From https://www.bja.gov/ProgramDetails.aspx?Program_ID=90#horizontalTab6 (accessed April 18, 2016).

- [This website offers publications and performance reports on the Second Chance Act. Selected items include:]
 - Council of State Governments Justice Center. (2014, June). Reducing recidivism: States deliver results. This report highlights significant reductions in recidivism rates in eight states: Colorado, Connecticut, Georgia, North Carolina, Pennsylvania, Rhode Island, South Carolina, and Wisconsin. From https://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism_StatesDeliverResults.pdf (accessed April 18, 2016).
 - BJA. (2014, April 29). BJA strategies to support tribal reentry. The Bureau of Justice Assistance (BJA) offers strategies that can support tribes and states interested in implementing effective post-reentry assessment, supervision, and services for tribal members serving in federal, state and local settings, as well as pre-reentry services in tribal and state prisons and jails. From <https://www.bja.gov/Publications/TribalReentryFS.pdf> (accessed April 18, 2016).
 - Council of State Governments Justice Center. (2013, November). Reentry matters: Strategies and successes of Second Chance Act grantees across the United States. This resource highlights the positive impacts Second Chance Act initiatives can have on programs and communities. From <https://csgjusticecenter.org/wp-content/uploads/2013/11/ReentryMatters.pdf> (accessed April 18, 2016).
 - Council of State Governments Justice Center. (2013, September). Integrated reentry and employment strategies: Reducing recidivism and promoting job

readiness. This white paper is written for policymakers and practitioners engaged in the corrections and workforce development fields who recognize the need for the two systems to collaborate more closely to improve public safety and employment outcomes for people who have been incarcerated or are on probation or parole. From <https://www.bja.gov/Publications/CSG-Reentry-and-Employment.pdf> (accessed April 18, 2016).

- Vera Institute of Justice. (2011). Why ask about family?: By looking beyond the individual to families and social supports, corrections officers can help improve public safety and other outcomes. (NCJ 235254). This guide describes the principles of a strength-based, family-focused approach in corrections practices, policy, and reentry planning that can make a difference. From <https://www.ncjrs.gov/app/Publications/abstract.aspx?ID=257234> (accessed April 18, 2016).
- Cortes, K., & Rogers, S. (2010). Reentry housing options: The policymakers' guide. (NCJ 230589). Council of State Governments Justice Center. This document provides practical steps that lawmakers and others can take to increase public safety through better access to affordable housing for individuals released to the community. From [https://www.bja.gov/Publications/CSG Reentry Housing.pdf](https://www.bja.gov/Publications/CSG_Reentry_Housing.pdf) (accessed April 18, 2016).
- Yoon, J., & Nickel, J. (2008). Reentry partnerships: A guide for states & faith-based and community organizations. (NCJ 224916). Council of State Governments Justice Center. This guide presents goals and recommendations which offer strategies for States to build networks with faith-based and community organizations, simplify pathways to funding support, recognize and understand distinct organizational cultures, tailor responses to the populations who will be served by reentry services, and ensure accountability that will help sustain and improve reentry initiatives. From [https://csgjusticecenter.org/wp-content/uploads/2012/12/Reentry Partnership Web-1.pdf](https://csgjusticecenter.org/wp-content/uploads/2012/12/Reentry_Partnership_Web-1.pdf) (accessed April 18, 2016).
- Carter, M., Gibel, S., Giguere, R., & Stroker, R. (Eds.). (2007). Increasing public safety through successful offender reentry: Evidence-based and emerging practices in corrections. Center for Effective Public Policy. (NCJ 222306), Bureau of Justice Assistance and the Center for Effective Public Policy. This handbook builds on the experience of delivering SVORI [Serious and Violent Offender Reentry Initiative] training and technical assistance to participating States and can be used as a supplement to the curricula or as a stand-alone reference for institutional corrections and community supervision agency staff interested in achieving successful offender reentry.

Resources for Family Members of People Involved in the Criminal Justice System and Providers Who Serve Them

Source: Mental Health and Juvenile Justice Collaborative for Change. (n.d.). All resources: Family involvement in the juvenile justice system. From <http://cfc.ncmhjj.com/resources/family-involvement/all-resources/> (accessed April 18, 2016).

- [This website lists many resources to support the involvement of families with juveniles in the justice system. Resources include websites, examples from the field, and publications.]

Source: National Center for Mental Health and Juvenile Justice. (n.d.). Family involvement resources inventory. From <http://www.ncmhjj.com/family-involvement-resource-inventory/> (accessed April 18, 2016).

- The Family Resources Inventory was compiled to assist the Mental Health/Juvenile Justice Action Network states in the identification of resources that address the barriers families and caretakers may face when a youth is involved in the juvenile justice system. It provides advocacy tips and information on how best to navigate the intricacies of the justice system. Resources are also included for juvenile justice staff and policymakers seeking to address barriers between families and the justice system, and to improve how systems interact with family and youth.

Source: Canary, P., Shepler, R., & Fox, M. (n.d.). Providing effective treatment for youth with co-occurring disorders. National Center for Mental Health and Juvenile Justice. From <http://www.ncmhjj.com/providing-effective-treatment-for-youth-with-co-occurring-disorders/> (accessed April 18, 2016).

- This brief focuses on the promise of integrated treatment for youth with co-occurring disorders. It is one of three briefs developed by the National Center for Mental Health and Juvenile Justice and the National Council for Juvenile and Family Court Judges.

Source: Mental Health and Juvenile Justice Collaborative for Change. (n.d.). Better solutions for youth with mental health needs in the juvenile justice system. From <http://www.ncmhjj.com/better-solutions-for-youth-with-mental-health-needs-in-the-juvenile-justice-system/> (accessed April 18, 2016).

- Whenever safe and appropriate, youth with mental health needs should be prevented from entering the juvenile justice system. For youth who do enter the system, a first option should be to refer them to effective treatment within the community. For those few who require placement, it is important to ensure that they have access to effective services while in care to help them re-enter society successfully. There's no denying that these outcomes come with practical challenges. But we know that reform is possible—with the right people collaborating to build systems that help communities improve the way they respond to youth with mental health needs. The aim of this paper is to encourage and support other communities to work toward similar reform for these youth.

Source: The Council of State Governments Justice Center. (n.d.). Reentry mythbusters. From <https://csgjusticecenter.org/nrrc/projects/mythbusters/> (accessed April 18, 2016).

- Reentry MythBusters are fact sheets designed to clarify existing federal policies that affect formerly incarcerated individuals and their families in areas such as public housing, employment, parental rights, Medicaid suspension/termination, voting rights and more.
- [This organization offers the following publications on children of incarcerated parents:]
 - Reentry mythbuster! On child welfare. (2013, June). From https://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-Mythbusters_first-6.pdf (accessed April 18, 2016).
 - Reentry mythbuster! On Medicaid. (2013, June). From <https://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-Medicaid.pdf> (accessed April 18, 2016).
 - Reentry mythbuster! On parental arrests. (2013, June). From <https://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-Parental-Arrests.pdf> (accessed April 18, 2016).
 - Reentry mythbuster! On Social Security. (2013, June). <https://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-SSA.pdf> (accessed April 18, 2016).
 - Reentry mythbuster! On TANF eligibility. (2013, June). From <https://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-TANF.pdf> (accessed April 18, 2016).
 - Reentry mythbuster! On SNAP eligibility. (2013, June). From <https://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-SNAP.pdf> (accessed April 18, 2016).

Source: Youth.gov. (n.d.). Children of incarcerated parents. From <http://youth.gov/youth-topics/children-of-incarcerated-parents/tools-guides-resources> (accessed April 18, 2016).

- [This website provides tools and resources from the Federal Interagency Reentry Council’s Subcommittee on Children of Incarcerated Parents—including tip sheets, an infographic, and a toolkit—to assist teachers, school staff, youth, parents, and youth-serving organizations in caring for and supporting children who have an incarcerated parent.]

Source: The Urban Institute & the National Institute of Corrections. (2015, June 3). Promising and innovative practices for children of incarcerated parents: Arrest through pre-adjudication [webinar]. From <http://www.urban.org/events/promising-and-innovative-practices-children-incarcerated-parents-arrest-through-pre-adjudication> (accessed April 18, 2016).

- [This website provides recordings of a webinar on practices for the children of incarcerated parents. The webinar:]
 - Focuses on protocols that police departments can use to manage the arrest of a parent to minimize the trauma and harm to their children.
 - Focuses on a few family-focused programs and services that jail administrators can offer to parents in their jails to help them stay connected to their family and children.

- Provides information on how to collaboratively think about and address the many issues facing children of incarcerated parents, using a diverse group of interested stakeholders.
- [This website also links to] four products [developed by the Urban Institute] that complement the webinar sessions and aim to guide criminal justice organizations and stakeholders in developing and implementing promising practices for children of justice-involved parents.

Source: International Association of Chiefs of Police. (2014). Safeguarding children of arrested parents. Sponsored by the U.S. Bureau of Justice Assistance. From <http://nicic.gov/library/028327> (accessed April 18, 2016).

- [This document helps law enforcement agencies understand the trauma that children experience when their parents are arrested and enhance related policies and procedures.]

Source: Kennesaw State University. (2015). How to explain a parent’s arrest to a child: Preschool—Ages 4 to 5. From <http://nicic.gov/library/030001> (accessed April 18, 2016).

- [This pocket-sized card reminds law enforcement staff about the impact of a parent’s arrest or incarceration on a child.]

Source: Shlafer, R. J., Gerrity, E., Ruhland, E., & Wheeler, M. (2013, June). Children with incarcerated parents—Considering children’s outcomes in the context of complex family experiences. University of Minnesota—Extension. Children, Youth, and Family Consortium. From <http://nicic.gov/library/028030> (accessed April 18, 2016).

- [This document describes the impact of parental incarceration on children, as well as their diverse needs and implications for policy and practice.]

Source: Wilder Research. (2013). Through the eyes of a child: Life with a mother in prison. Volunteers of America. From <http://nicic.gov/library/027920> (accessed April 18, 2016).

- [This document discusses the experiences of children with mothers in prison, describes how jurisdictions can help these youth, and examines the role of caregivers in supporting them.]

Source: Jarjoura, G. R., DuBois, D. L., Shlafer, R. J., & Haight, K. A. (2014). Mentoring children of incarcerated parents. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. From <http://www.ojjdp.gov/about/MentoringCOIP2013.pdf> (accessed April 18, 2016).

- This Listening Session allowed juvenile justice professionals, families, and allies to share their expertise and experiences regarding the mentoring of children of incarcerated parents. “The report summarizes participants’ recommendations, ways to reach this

unique at-risk population, and evidence-based mentoring practices that can serve the needs and support the strengths of children of incarcerated parents.”

Source: Massoglia, M., Poehlmann, J., & Cook, S. (2013). Incarceration, poverty, and the family. University of Wisconsin—Madison, Institute for Research on Poverty. From <http://nicic.gov/library/027975> (accessed April 18, 2016).

- [This presentation discusses the impact of incarceration is on inmates’ children.]

SAMHSA Resources and Efforts To Address Trauma Among People in the Criminal Justice System

Source: SAMHSA. (2015, June 2). National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint. From <http://www.samhsa.gov/nctic> (accessed April 18, 2016).

- National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) works to eliminate the use of seclusion, restraints, and other coercive practices and to develop the knowledge base on trauma-informed care.
- According to SAMHSA’s concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:
 - *Realizes* the widespread impact of trauma and understands potential paths for recovery;
 - *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 - *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - Seeks to actively resist *re-traumatization*.”
- A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.
- SAMHSA’s [six key principles of a trauma-informed approach and trauma-specific interventions](#) address trauma’s consequences and facilitate healing.
- NCTIC provides [technical assistance and training](#) to a range of service systems:
 - Community-based behavioral health agencies
 - Institutions
 - Criminal and juvenile justice settings
 - Homeless and HIV service providers
 - Domestic violence organizations
 - State and federal agencies
- NCTIC offers technical assistance in person, and through virtual learning networks, technical assistance materials, and links to federally supported resources.
- Publicly funded systems and organizations can request technical assistance; however, NCTIC does not provide direct assistance regarding treatment of trauma. Technical assistance and other products developed and/or supported by NCTIC [are available at]: <http://www.samhsa.gov/nctic/resources>

Source: The National Child Traumatic Stress Network. (n.d.). From <http://www.nctsn.org/> (accessed April 18, 2016).

- The National Child Traumatic Stress Network was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.
- Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma.
- NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.
- The Network is funded by SAMHSA's Center for Mental Health Services.

Source: SAMHSA. (n.d.). Creating a trauma-informed criminal justice system for women: Why and how. From [http://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR\(2\).pdf](http://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR(2).pdf) (accessed April 18, 2016).

- [This resource provides guidance for creating trauma-informed care for women in the criminal justice system.]

Source: SAMHSA. (2014, March). TIP 57: Trauma-informed care in behavioral health services. From <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816> (accessed April 18, 2016).

- [This document] assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. [It] discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.

Source: SAMHSA. (2015, August 19). Trauma training for criminal justice professionals. From <http://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals> (accessed April 18, 2016).

- The GAINS Center offers training that helps educate criminal justice professionals about the impact of trauma and how to develop trauma-informed responses.
- Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals. This increases safety for all, decreases the chance of an individual returning to criminal behavior, and supports the recovery of justice-involved women and men with serious mental illness. Partnerships across systems can also help link individuals to trauma-informed services and treatment.
- The GAINS Center has developed training for criminal justice professionals to raise awareness about trauma and its effects. "How Being Trauma-Informed Improves

Criminal Justice System Responses” is a one-day training for criminal justice professionals to:

- Increase understanding and awareness of the impact of trauma
- Develop trauma-informed responses
- Provide strategies for developing and implementing trauma-informed policies
- This highly interactive training is specifically tailored to community-based criminal justice professionals, including police officers, community corrections personnel, and court personnel.
- [Search for a trainer in your area](#) or [contact the GAINS Center](#) about holding a training.

Resources and Efforts That Support Treatment of Mental or Substance Use Disorders Among People Who Are Incarcerated

Source: SAMHSA. (2007, May). Addressing co-occurring disorders in non-traditional service settings. From <http://store.samhsa.gov/product/SMA07-4277> (accessed April 18, 2016).

- [This document] discusses the treatment of co-occurring disorders in settings outside substance abuse and mental health systems. [It] describes how primary health care, law enforcement, criminal justice, and social welfare settings can provide screening and referral to treatment.

Source: SAMHSA. (2005, September). TIP 44: Substance abuse treatment for adults in the criminal justice system. From <http://store.samhsa.gov/product/TIP-44-Substance-Abuse-Treatment-for-Adults-in-the-Criminal-Justice-System/SMA13-4056> (accessed April 18, 2016).

- [This document] offers guidelines to help clinicians address substance abuse treatment issues in various settings within the criminal justice system. [It] discusses screening and assessment, triage and placement, treatment planning, and treatment issues for specific populations. [This document] includes program development guidance for administrators.

Source: SAMHSA. (2015, September 28). Emerging issues in behavioral health and the criminal justice system. From <http://www.samhsa.gov/criminal-juvenile-justice/behavioral-health-criminal-justice> (accessed April 18, 2016).

- SAMHSA encourages the appropriate use of medication-assisted treatment in the justice system through its grant programs and ongoing education and training.
- SAMHSA convened an expert panel on the [legality of denying access to medication-assisted treatment in the criminal justice system](#).
- SAMHSA also contracted with the National Drug Court Institute in 2013 to develop a [fact sheet for drug court practitioners on extended-release naltrexone](#).
- [SAMHSA’s Behavioral Health Treatment Services Locator](#) identifies facilities that offer methadone, buprenorphine, or naltrexone (oral and injectable).

Source: SAMHSA. (2015, August 27). SAMHSA's efforts on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> (accessed April 18, 2016).

- The SAMHSA-funded [Support, Technical Assistance, and Resources \(STAR\) Center](#) has developed a [three-part series](#) to support the justice-involved community. These products focus on supporting people with psychiatric disabilities in the criminal justice system, and provide a self-advocacy and empowerment toolkit and a promising practices guide.

Source: National Institute on Drug Abuse. (2014, April). Principles of drug abuse treatment for criminal justice populations: A research-based guide. From <http://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations/principles> (accessed April 18, 2016).

- [This document discusses the relationship between substance use disorders and crime and explains research-based principles for treatment of criminal justice populations.

Source: Belenko, S., Hiller, M., & Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *Current Psychiatry Reports*, 15(11), 414.

- The large number of individuals with substance use disorders involved in the nation's criminal justice system (CJS) represents a unique opportunity, as well as challenges, in addressing the dual concerns of public safety and public health. Unfortunately, a low proportion of those who could benefit from treatment actually receive it while involved in the CJS.
- This article presents a review of recent research on the effectiveness of major substance abuse treatment interventions used at different possible linkage points during criminal justice case processing, including diversion, jail, prison, and community supervision.
- This is followed by a discussion of key research and practice issues, including low rates of treatment access and under-utilization of medication-assisted treatment.
- Concluding comments discuss principles of effective treatment for offenders and identify key gaps in research and practice that need to be addressed to improve and expand provision of effective treatment for offenders.

Source: The White House Office of National Drug Control Policy. (n.d.). Criminal justice reform: Breaking the cycle of drug use and crime. From <https://www.whitehouse.gov/ondcp/criminal-justice-reform> (accessed April 18, 2016).

- The Administration's National Drug Control Strategy supports comprehensive change within the criminal justice system. ONDCP encourages the implementation of a continuum of evidence-based interventions to address the needs of the offender, while ensuring the safety of the community.
- The goal is to integrate these approaches throughout the justice process (arrest, jail and pre-trial to sentencing, incarceration and release) with the key objective of matching the intensity of the intervention to the offender's needs and criminal behavior. The

Administration is focusing efforts and resources on key activities and policy issues that will advance an effective and efficient criminal justice system.

Source: Federal Bureau of Prisons. (n.d.). Substance abuse treatment. From http://www.bop.gov/inmates/custody_and_care/substance_abuse_treatment.jsp (accessed April 18, 2016).

- [This website describes the overall treatment strategy and substance misuse treatments offered by the Federal Bureau of Prisons.]

Source: Federal Bureau of Prisons. (n.d.). Mental health. From http://www.bop.gov/inmates/custody_and_care/mental_health.jsp (accessed April 18, 2016).

- [This website] describes the mental health treatment provided by the Federal Bureau of Prisons—including suicide prevention efforts.]

SAMHSA Efforts and Resources To Promote Recovery Among People With Behavioral Health Disorders Involved in the Criminal Justice System

Source: SAMHSA. (2015, August 27). SAMHSA's efforts on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> (accessed April 18, 2016).

- Given the high prevalence of people with mental and substance use disorders involved with the justice system, SAMHSA has prioritized this population. Recognizing that behavioral health treatment and recovery support services are critical but also need to be balanced with the community priority of public safety, SAMHSA has created an array of programs, technical assistance centers, resources, and policy initiatives that take these issues into consideration.
- SAMHSA's criminal justice work is organized around a framework for intervention referred to as the Sequential Intercept Model. This model identifies five key points for "intercepting" individuals with behavioral health issues, linking them to services and preventing further penetration into the criminal justice system. This model builds on collaboration between the criminal justice and behavioral health systems; highlights where to intercept individuals as they move through the criminal justice system; identifies critical decision-makers who can authorize movement away from the justice system and into treatment; and delineates essential partnerships among mental health, substance abuse, law enforcement, pre-trial services, courts, judges, jails, community corrections, social services, and others. Through its criminal justice initiatives, SAMHSA aims to:
 - Bring about strategic linkages with community-based behavioral health providers, the criminal justice system and community correctional health
 - Promote effective diversion and reentry programs
 - Foster policy development at the intersection of behavioral health and justice issues

- Intercept 1: Community and Law Enforcement
 - The Early Diversion Program aims to divert people with mental health, substance use, or co-occurring disorders from the criminal justice system and into community services without the leverage of the court. The program focuses on the role of law enforcement officials working collaboratively with community behavioral health providers to prevent arrest and adjudication.
 - The Teen Court Program focuses on preventing juvenile crime by diverting youth with substance use treatment needs from deeper immersion in the traditional juvenile justice system to teen courts. SAMHSA's Teen Court program provides substance use treatment services and related recovery support services to youth with substance use or co-occurring treatment needs.
- Intercept 2: Arrest and Initial Detention/Court Hearings
 - The Adult Behavioral Health Treatment Court Collaborative aims to allow local courts more flexibility to collaborate with multiple criminal justice system components and local community treatment and recovery providers to address the behavioral health needs of adults who are involved with the criminal justice system and provide the opportunity to divert them from the criminal justice system. The collaborative will allow eligible individuals to receive treatment and recovery support services regardless of what court they enter.
- Intercept 3: Jails/Specialty Courts
 - At this intercept, most of SAMHSA's efforts involve working with specialty or problem-solving courts. These courts may include drug courts, mental health courts, tribal wellness courts, veterans' courts, and domestic violence courts. The focus of these courts is to address the underlying mental health and substance use issues and related needs of offenders by using the sanctioning power of the court to connect with treatment and other alternatives to incarceration.
- Intercept 4: Reentry from Jails and Prisons to the Community
 - [Efforts at this intercept are discussed in Panel 3].
- Intercept 5: Community Corrections.
 - SAMHSA has no major programs addressing the Community Corrections at this time. Access DOJ's [Department of Justice] National Institute of Justice for more information on community corrections.

Source: SAMHSA. (2014, October 9). Grants related to criminal and juvenile justice. From <http://www.samhsa.gov/criminal-juvenile-justice/grants> (accessed April 18, 2016).

- Grants to Develop and Expand Behavioral Health Treatment Court Collaboratives (BHTCC). The purpose of this program is to allow local courts more flexibility to collaborate with multiple criminal justice system components and local community treatment and recovery providers to address the behavioral health needs of adults who are involved with the criminal justice system and provide the opportunity to divert them from the criminal justice system. The collaborative will allow eligible individuals to receive treatment and recovery support services as part of a court collaborative. This program will focus on connecting with individuals early in their involvement with the

criminal justice system and prioritize the participation of municipal and misdemeanor courts in the collaborative.

- Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult Tribal Healing to Wellness Courts (which are the tribal version of adult drug courts) and in Juvenile Treatment Drug Courts (tribal or non-tribal) which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders.
- The Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment (DOJ/BJA [Bureau of Justice Assistance]) aims to expand and/or enhance the drug court capacity of states, localities, and tribes to reduce crime and substance abuse among high risk/high need offenders. This evidence-based approach includes the key elements of judicially supervised treatment, drug testing, community supervision, appropriate sanctions, and recovery support services.

Source: SAMHSA. (2014, October 9). SAMHSA's state and federal collaborations on criminal and juvenile justice issues. From <http://www.samhsa.gov/criminal-juvenile-justice/state-federal-collaborations> (accessed April 18, 2016).

- SAMHSA works with several federal agencies to divert into treatment people who come in contact with law enforcement and justice systems.
- SAMHSA is actively engaged in a number of federal partnerships designed to bring about changes in the criminal justice process and provision of care for people with behavioral health needs. For example, SAMHSA and the Department of Justice's (DOJ) Bureau of Justice Assistance (BJA) have a longstanding partnership that brings programs and policy staff together to better coordinate the respective missions of these agencies as they relate to the criminal justice system. In addition to regular communication and meetings, SAMHSA and BJA review their respective grant programs in order to share and disseminate knowledge to the field and to reduce duplication of federal efforts and increase federal efficiencies. SAMHSA also coordinates with DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP) to partner on policy and program activities regarding the juvenile justice system. SAMHSA continues to work with both DOJ agencies to jointly fund discretionary grant programs for expanding behavioral health treatment services in these justice systems.
- SAMHSA also participates on the Coordinating Council on Juvenile Justice and Delinquency Prevention (Council), an independent body within the executive branch of the federal government. The council's primary functions are to coordinate federal juvenile delinquency prevention programs and other federal programs and activities that address care for unaccompanied juveniles as well as for missing and exploited children.

SAMHSA GAINS Center for Behavioral Health and Justice Transformation

Source: SAMHSA. (2015, August 20). GAINS Center for Behavioral Health and Justice Transformation. From <http://www.samhsa.gov/gains-center> (accessed April 18, 2016).

- SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation focuses on expanding access to community-based services for adults diagnosed with co-occurring mental and substance use disorders at all points of contact with the justice system. The center emphasizes the provision of consultation, training, and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for people in contact with the justice system.
- The GAINS model was developed when the center was first established and is still at the heart of the center today. The model includes the following core strategies:
 - **Gather:** Screen for and collect new research findings and best practices
 - **Assess:** Synthesize this information into appropriate and targeted communication for various types of users
 - **Integrate:** Organize facilitated learning and follow through
 - **Network:** Build and strengthen networks and infrastructure
 - **Stimulate:** Identify and use the most cost-effective ways of achieving significant results
- For the past several years, the GAINS Center has focused on:
 - Creating a trauma-informed criminal justice system workforce
 - Applying science to services
 - Promoting the use of evidence-based practices in program development
 - Developing trauma-informed systems
- To accomplish these goals, the center uses newsletters, publications, virtual and in-person meetings, trainings, workshops, and conferences.
- The GAINS Center holds annual Policy Academies focused on both adult criminal justice and juvenile justice populations. Many of these programs work with tribes and tribal leadership to increase their nations’ capacity to integrate mental and/or substance use services in the court systems. A public–private partnership between SAMHSA and the MacArthur Foundation supports the juvenile-justice-focused Policy Academies.

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 4/18/16. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last updated: 4/18/16.